

Council Meeting Materials – March 30, 2026

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Public Council Meeting

Draft Agenda

Date: March 30, 2026

Time: 9:55 a.m.

Location: virtual

MEETING LOGIN INFORMATION

Join Zoom Meeting

<https://us02web.zoom.us/j/89305344007?pwd=f7yYk2JvNQ1BCwN7mjJEmGazg8bAeJ.1>

Meeting ID: 893 0534 4007

Passcode: 656301

AGENDA

	Time	Discussion Item	Presenter/ Speaker	Document Included	Action
Please complete the online Conflict of Interest Disclosure/Declaration Form prior to the meeting.					
In-camera session (45 minutes)					
1	9:55 am	Call to order, roll call, welcome	H. Westaway	No	Information
2	9:56 am	Introductions	H. Westaway	No	Information
3	9:57 am	Conflict of interest declarations	H. Westaway	No	Discussion
4	10:00 am	Approval of agenda	H. Westaway	Yes	Decision
5	10:01 am	Approval of minutes: <ul style="list-style-type: none"> • Dec. 1, 2025 	H. Westaway	Yes	Decision
6	10:02 am (3 mins)	Action Items from the December 1 meeting: <ul style="list-style-type: none"> • The draft audited Financial Statements will be finalized and included in the 2024/2025 Annual Report. – COMPLETE • The 2024/2025 Annual Report will be provided to the Ministry of Health and posted to the College’s website. – COMPLETE • College staff will correct the typographical/grammatical error noted in the Council Engagement, Mentorship and Succession Planning Guideline. – COMPLETE 			
7	10:05 am (5 mins)	President’s Report	H. Westaway	No	Information
8	10:10 am (15 mins)	Registrar’s Report	N. Leris	No	Information
9	10:25 am (10 mins)	Council Effectiveness Review Framework (CERF)	N. Leris	No	Information

	Time	Discussion Item	Presenter/ Speaker	Document Included	Action
10	10:35 am (25 mins)	Committee Reports <ul style="list-style-type: none"> • ICRC • Quality Assurance • Registration • Patient Relations • Governance & Nomination • Planning & Finance <ul style="list-style-type: none"> ○ Q2 Finance Report ○ Dashboard 	All Chairs	Yes	Information
11	11:00 am (20 mins)	CIHI Health Workforce Report (2020–2024) – Inclusion of Kinesiology Data	L. Oeur	Yes	Information
12	11:20 am (15 mins)	2025-2026 Revised Risk Management Plan	N. Leris	Yes	Decision
13	11:35 am (20 mins)	2025 College Performance Measurement Framework (CPMF)	B. Fehst	Yes	Decision
11:55 am (45 mins)		LUNCH			
14	12:40 pm (60 mins)	AI information session	Dr. Tommy Cooke, Professional Practice & Ethics Educator	No	Discussion
15	1:40 pm (15 mins)	Professional Conduct Guide to Obtaining Patient/Client Consent	C. De Caprio	Yes	Decision
16	1:55 pm (20 mins)	Communications Update <ul style="list-style-type: none"> • Portfolio update • Communications Strategy update 	C. Li	No	Discussion

	Time	Discussion Item	Presenter/ Speaker	Document Included	Action
	2:15 pm (10 mins)	Break			
17	2:25 pm (55 mins)	Revised Education Equivalency Evaluation Framework (EEEEFR) - Update	P. Simpson Prairie Research Associates	Yes	Information
18	3:20 pm (10 mins)	Committee Slate	B. Fehst	Yes	Decision
19	3:30 pm	Meeting Evaluation	All Council	Yes	Information
	3:35 pm	ADJOURNMENT			

Next Council Meeting: June 22, 2026

December Council Meeting Minutes

Date/Time of Meeting:	Monday, December 1, 2025, at 10:00am
Council present:	Heather Westaway, Victoria Nicholson, Mehrdad Alizadeh-Meghrazi, Corby Anderson, Kristin Baker, Teresa Bendo, Jane Gage, Susan Garfat, Oluwashindara Isaac-Oloye, Frank Jasek, Alyssa King, Leanne Smith, Gergo Szoboszlai, Jennifer Yee
Regrets:	Sara Gottlieb, Jana Smith
Absent:	Jotvinder Sodhi
Staff members:	Nancy Leris, Lily Oeur, Brian Fehst, Magdalena Reder, Cecilia Li, Ethan Foerster
Guests/Observers:	Dana Lobson (Ministry of Health), Shirley Woolf (Enkel), Dale Tinkham (Tinkham LLP), Nicole Ryan, CSM, Christie Misketis

Let it be noted that Council held an in-camera session from 9:00 a.m. to 10:05 a.m.

1. Call to order, roll call, welcome.

Heather Westaway, Council President called the meeting to order at 10:12 a.m. and welcomed Council, staff members and guests.

The Chair shared a Land Acknowledgement.

As the notice of the meeting had been duly given in accordance with the by-laws of the College of Kinesiologists of Ontario and a quorum was present, the meeting was duly constituted for the transaction of business.

2. Introductions

The Chair welcomed all guests for Public Council Meeting and reviewed the Code of Conduct and Rules of Order for the meeting.

3. Conflict of Interest Declarations

The Chair asked the Registrar if any Council members had declared a Conflict of Interest. The Registrar confirmed that no such declarations were received. The Registrar reminded Council of the requirement to complete the Conflict-of-Interest form prior to the meeting. The Chair then invited verbal declarations of Conflict of Interest, none were raised.

4. Approval of Agenda

Following their review of the agenda for the December 1, 2025 Council meeting, the President invited any proposed changes or additions to the agenda.

UPON A MOTION duly made by Teresa Bendo and seconded by Susan Garfat, it was resolved that the agenda be approved. Carried.

5. Approval of Minutes from the September 16, 2025 Council Meeting

Having been provided an opportunity to review the Minutes from the September 16th, Council meeting, a Council member noted that the Minutes for the September 2025 Council meeting was incorrectly titled as “June Council Meeting Minutes”. The title of the Minutes should be amended to “September Council Meeting Minutes”. No other comments were made.

UPON A MOTION duly made by Victoria Nicholson and seconded by Mehrdad Alizadeh-Meghrazi it was resolved that the minutes of the September 2025 Council Meeting be approved as amended. Carried.

6. Action Items

The Chair invited Nancy Leris, Registrar and CEO, to provide an update on outstanding action items. Council was informed that work continues on the collection and analysis of membership data, with further information to be presented later in the meeting. It was also noted that the revised budget had been reviewed by the Planning and Finance Committee and would be brought forward to Council for consideration during this meeting.

7. Registrar’s Report

Nancy Leris, Registrar and CEO, delivered her registrar’s report through a video presentation that highlighted key updates across the College’s three strategic themes—Governance & Public Trust, Engagement & Partnerships, and System Collaboration—covering all major portfolios of the College. Additional updates included the CIHI’s inclusion of Kinesiologists’ data in its workforce overview, the DVDRC report, and collaboration between COKO and CMTO, as well as the College’s meeting with FKQ.

As part of the Registrar’s Report, staff also shared their learning from professional development during this quarter.

The chair opened the floor for questions. None were raised.

8. President’s Report

The Chair highlighted her ongoing communication with the Registrar to support effective oversight and ensure College operations continue to run at a high standard.

The Chair also informed Council that she attended the CNAR Conference alongside College staff and the Registrar.

Council was advised that the Chair has been working with the external consultant responsible for the Registrar's 2024–2025 performance evaluation.

The Chair further noted that both she and the Registrar have been invited to present at the CMTO Council Meeting in December and looked forward to this collaboration to share insights with another College.

9. Committee Reports

Committee Reports were provided by the Chairs of the ICRC, Quality Assurance Committee, Registration Committee, Patient Relations Committee, and Planning and Finance Committee.

10. Council Effectiveness Review Framework Report

Brian Fehst, Manager of Professional Practice, provided a presentation on the Council Effectiveness Review Framework (CERF).

The College has noted progress on the goals set out in the previous year's CERF.

Based on feedback received, Council members believe that overall performance and effectiveness in 2024-2025 was above expectations. Council members expressed confidence in their ability to fulfill their fiduciary duties.

Areas for improvement have been identified, including the meeting materials. Council can further support this process by providing direct feedback to the College to ensure they receive what they need in a timely manner.

The Chair opened the floor for questions. None were raised.

UPON A MOTION duly made by Jennifer Yee and seconded by Oluwashindara Isaac-Oloye it was resolved that Council approve the 2024-2025 CERF Report as presented for publication. Carried. Frank Jasek and Mehrdad Alizadeh Meghrazi were absent during the voting as their cameras were turned off.

11. Risk Management Plan

Ethan Foerster provided an update to the 2025–2026 Risk Management Plan, highlighting issues related to specific risks faced by the College. Each amendment was presented with its rationale and details regarding the current risk landscape. The amendments presented had been reviewed by the Planning and Finance Committee and recommended to Council.

The Chair opened the floor for questions. None were raised.

UPON A MOTION duly made by Teresa Bendo and seconded by Victoria Nicholson it was resolved that Council approves the revised risk management plan for Q1 FY 2025-2026. **Carried.** Frank Jasek and Mehrdad Alizadeh Meghrazi were absent during the voting as their cameras were turned off.

12. Revised Operational Plan

Nancy Leris, Registrar and CEO, provided a high-level presentation on the revisions to the 2025-2026 Operational Plan. The revisions include the timeline for development of the Communications Strategy and Implementation Plan, which has been adjusted to mid-Q2. This will include a more specific government relations plan, which is scheduled for Q3 of 2025-2026.

The French translation of the website content has been removed from the current operational cycle. The College will focus on refining the English content, with French translation to follow at a later date.

Council received information regarding the public interest rationale behind these revisions, along with the associated risk-mitigation rationale.

The Chair opened the floor for questions. One Council member noted that this is a significant undertaking and inquired whether adequate human resource support is available. Nancy confirmed that while there is strong staff support in place, the College may bring in additional human resources to support implementation.

Revised Budget

Nancy Leris, Registrar and CEO, shared an overview of the revisions to the proposed budget for the 2025-2026 fiscal year. Revenue projections remain unchanged.

The proposed adjustments relate primarily to the expenditure forecast. The first proposed change relates to Registration—to support the development of new test forms for 2026 and address rising exam hosting fees. The second pertains to Quality Assurance, where additional funding is required to complete the Essential Competencies project, which was delayed in the previous fiscal year.

The Chair opened the floor for questions. Council members sought clarification on the projected surplus and the status of the Professional Conduct budget. It was confirmed that an annual surplus is expected and that the Professional Conduct budget should be adjusted due to higher-than-anticipated expenses. It was also noted that costs in this area can vary significantly. Council agreed that an in-year adjustment is appropriate, and an increase of \$20,000 for Professional Conduct will be proposed.

UPON A MOTION duly made by Jennifer Yee and seconded by Frank Jasek, it was resolved that Council approve the Revised Budget and Revised Operation Plan for FY2025-2026 with the additional increase of \$20,000 for Professional Conduct. **Carried.**

13. Essential Competencies of Practice for Kinesiologists in Ontario

Brian Fehst, Manager of Professional Practice, provided an update on the Essential Competencies Project on behalf of CAHIIM. The project is a review of the existing Essential Competencies of Practice for Kinesiologists in Ontario, initiated following previously-approved revisions to the Kinesiologist Core Competency Profile.

Project work to-date was informed by a gap analysis, environmental scan, and the principles of equity, diversity, inclusion, anti-bias, right-touch regulation, and the Kinesiology Core Competency Profile. Proposed revisions to the Essential Competencies include creation of additional competency Units to enhance clarity and applicability, streamlining competencies and performance indicators, removal of redundancies and addition of new competencies and performance indicators where indicated based on project research and gap analysis. Consideration has also been given to amending the title of the document for clarity.

Council was advised that the draft Essential Competencies will be circulated for public consultation. Following review of received feedback, revisions will be completed with the consultant and brought to the Quality Assurance Committee before presenting to Council in March 2026.

Council received clarification in response to questions regarding the incorporation of non-clinical practice into competencies, potential content changes following consultation, inclusion of the document title in public consultation, and distinctions between essential and entry-to-practice competencies.

UPON A MOTION duly made by *Teresa Bendo* and seconded by *Victoria Nicholson*, it was resolved that Council approve the draft revised *Essential Competencies of Practice for Kinesiologists in Ontario* for circulation for validation and additional feedback. **Carried.** Frank Jasek was absent during the voting as his camera was turned off.

14. Financial Oversight Training

The Chair introduced guest speaker, Shirley Wolff, CFO at Enkel, who delivered a presentation on financial oversight. Shirley Wolff reviewed key fiduciary duties, including the duties of care, loyalty, and obedience, and outlined the distinction between Council and management roles.

She also provided an overview of fraud awareness and risk management, as well as core components of financial statements.

The Chair opened the floor for questions; none were raised. The Chair thanked Ms. Wolff for her informative presentation.

15. Audited Financial Statements

The Chair introduced Dale Tinkham, the College’s auditor for the current fiscal year. Dale Tinkham provided a high-level overview of the audit process, draft audited financial statements and key audit findings for fiscal year 2024-2025. He noted that the draft financial statements had been reviewed by the Planning and Finance Committee.

The Chair opened the floor for questions. One member inquired about the “Other Matter” section. This disclosure is a mandatory requirement, as the previous year’s audit was completed by a different firm.

*UPON A MOTION duly made by Jennifer Yee seconded by Kristin Baker the Council approved the Audited Financial Statements for the Fiscal Year 2024-2025 to circulate and provide to the Ministry. **Carried***

16. Annual Report: 2024-2025

Cecilia Li, Senior Communications Officer, provided an overview of the 2024-2025 Annual Report, highlighting its refreshed visual approach to make data more accessible. The Report demonstrates accountability, outlines progress toward strategic objectives, supports risk mitigation, and clarifies governance and complaint-handling processes.

The Chair opened the floor for questions. Council members inquired about the blank audit section, which was confirmed as pending approval, and expressed appreciation for the updated visual format.

*UPON A MOTION duly made by Victoria Nicholson seconded by Mehrdad Alizadeh-Meghrizi, Council accepts and approved the Annual report to be submitted to the Ministry and publication. **Carried.***

17. Communications Update

Cecilia Li, Senior Communications Officer, provided an overview of communications activities for the quarter, focusing on four key areas: e-newsletter, social media, university engagement, and the Communications Strategy and Implementation Plan.

All communications metrics continue to be reviewed to support ongoing planning and strategy development. The College continue to engage universities this quarter to raise awareness of the College and kinesiology being a regulated profession in Ontario. Additional visits are being planned for the next quarter.

Communications Strategy Update

Cecilia then provided an update on the Communications Strategy. Implementation of the strategy has been delayed. The strategy is expected to be ready for implementation by February/March 2026. The College continues to uphold this strategy as a cornerstone of public protection and meaningful collaboration with key partners.

The Chair opened the floor for further discussion regarding the next steps for the Communications Strategy. Members considered the approval process, specifically whether Patient Relations Committee review should be followed by the Executive Committee for expedited consideration or a Special Council meeting. After discussion, it was agreed that the Communications strategy will be presented at a Special Council meeting, subject to Council member availability, to allow full Council discussion and feedback.

*UPON A MOTION duly made by Mehrdad Alizadeh-Meghrazi, seconded by Oluwashindara Isaac-Oloye Council approved the division to call for a special council meeting to discuss the Communications Strategy and Implementation Plan, as long as logistically this does not hold the plan up from being implemented. **Carried.***

18. Registration Membership Data Report

Magdalena Reder, Manager of Examinations and Registration, provided an overview of the 2025 Annual Renewal. She provided an overview of the registrant data that emerged from the 2025 annual renewal, as well as the information related to examinations administered in fiscal 2024-2025.

The Chair opened the floor for questions and discussion. It was noted that financial assistance is available through payment plans for those unable to pay renewal fees. There was also discussion about this data to enhance public protection by informing the Peer Circle component of the Quality Assurance portfolio, and supporting communication projects and efforts. Registration data supports reporting obligations to the Office of the Fairness Commissioner and contributes to broader strategic and public protection efforts.

19. Demographics and Race-Based Data to Advance Fair Registration Practices

Lily Oeur, Director of Registration, provided an overview of proposed initiatives to collect Demographics and Race-Based Data during the 2026 Annual Renewal cycle.

Collection of such data is aligned with the Office of the Fairness Commissioner (OFC) the Anti-Racism Act and standards to address systemic barriers. It also aligns with COKO's 2025-2030 strategic priorities. Data allows the College to demonstrate fairness as a measurable standard, enhancing transparency, trust, and public accountability. This presentation included a case study to illustrate diverse approaches from other regulatory Colleges. Key considerations included privacy protection, voluntary participation, and clear communication to registrants regarding the purpose and process of data collection.

The Chair opened the floor for questions. Council discussions confirmed that participation would be voluntary and that data would be analyzed by a third-party consultant. Clarification was provided on data storage and access, noting that—consistent with practices at other regulators—data would be securely stored by the service provider with limited access for the consultant. Registrants would be able to request their data be removed. Data would only be

retained for specified retention periods. Best practices would be implemented regarding privacy, utility, and public protection.

Questions were raised about how voluntary responses would be interpreted. Analysis will be based on available sample sizes. Council members noted the importance of ensuring registrants feel comfortable providing information. A robust communications plan will be put in place to build trust and encourage participation.

*UPON A MOTION duly made by Alyssa King and seconded by Susan Garfat Council approved the proposed pilot plan to collect registrant demographic and race-based data for the 2027 renewal period. **Carried***

20. Policy Review Update

Whistleblower Policy

Brian Fehst, Manager of Professional Practice, presented the College's proposed Whistleblower Policy. This initiative was prompted by findings from the 2023-2024 internal controls audit, which recommended that the College implement such a formal policy. The Whistleblower Policy supports the College's Enterprise Risk Management Plan by providing a structured mechanism for reporting concerns related to wrongdoing within the organization.

The development process included research and an environmental scan of other health regulators in Ontario and beyond, ensuring a broad and informed approach. The Whistleblower Policy is designed to encourage the reporting of concerns while protecting individuals who come forward and safeguarding anonymity and confidentiality. The policy also clarifies accountabilities, particularly those of the Executive Committee and the Registrar/CEO, in addressing reported concerns.

The Chair opened the floor for questions. Clarification was provided regarding the scope of the policy. It was also noted that the policy does not include a specific reporting time limit, though investigations may or may not proceed depending on the circumstances and information provided. Discussions touched on potential costs to the College. There is an internally-restricted reserve fund for investigations, so no additional funding would be required.

*UPON A MOTION duly made by Alyssa King seconded by Corby Anderson Council approved the draft Whistleblowing Policy. **Carried***

Council Engagement, Mentorship and Succession Planning

Brian Fehst, Manager of Professional Practice, presented an overview of the College's Council Engagement, Mentorship, and Succession Planning initiatives. These initiatives support the 2025–2030 Strategic Plan, specifically the goal to build and maintain strong governance through continuous improvement. The College has drafted a Council Engagement Guideline, which will complement the existing Mentorship and Succession Planning Policy.

This draft guideline includes recommendations and suggestions to build and maintain Council engagement and support the College's mentorship and succession planning policy.

Engagement, mentorship and succession planning will build and maintain Council governance competencies, foster a culture of participation, and enhance decision-making in the public interest. From a risk management perspective, the guideline will help maintain compliance, reduce the likelihood of governance challenges, and minimize potential loss of confidence in the College.

*UPON A MOTION duly made by Jennifer Yee seconded by Leanne Smith Council approved the draft Council Engagement, Mentorship and Succession Guide. **Carried.***

21. Review of Action Items

- The draft audited Financial Statements will be finalized and included in the 2024/2025 Annual Report.
- The 2024/2025 Annual Report will be provided to the Ministry of Health and posted to the College's website.
- College staff will correct the typographical/grammatical error noted in the Council Engagement, Mentorship and Succession Planning Guideline.

Termination

*UPON A MOTION duly made by Jennifer Yee, seconded by Mehrdad Alizadeh-Meghrazi, the Council meeting of December 1st, 2025, was terminated at 4:28 pm. **Carried.***

Committee: Inquiries, Complaints and Reports Committee
Prepared For: Council
Date: March 30, 2026

Committee Report

Summary:

The Inquiries, Complaints and Reports Committee (ICRC) met twice since the last Council Meeting.

The committee met on January 22nd to discuss the approval and implementation of the Risk Assessment Tool, the Registrars decision making tool, the updated Mandatory Report and Self-Report forms, and recommend the Guide to Obtaining Patient Client Consent to Council for approval.

The panel met on February 12th to discuss seven cases:

- Two issue advice and recommendations
- Two take no action
- Two approval of investigators
- One extension for registrant's legal counsel to provide a response

Currently, there are 13 active complaints and six active report investigations.

Committee Report

Committee: Quality Assurance Committee
Prepared for: Council
Date: March 30, 2026

Committee Meetings

The Quality Assurance Committee (QAC) has met once, on March 10, 2026, since the Council meeting on December 1, 2025. During this meeting, the QAC considered the following items:

Draft Revised Essential Competencies of Practice for Kinesiologists in Ontario

The Committee received a report regarding the public and registrant consultation regarding a draft revised *Essential Competencies of Practice for Kinesiologists in Ontario* (“Essential Competencies”). Having duly considered feedback received, the QAC considered and proposed additional revisions and amendments to the draft revised Essential Competencies.

Peer Assessor Appointments

The Committee considered expressions of interest in appointment and re-appointment of Peer Assessors. 1 new Peer Assessor were appointed, and all current Peer Assessors will continue their current 2-year terms.

Panel Meetings

Panels of the Quality Assurance Committee (QAC) have met on January 27, 2026 and February 19, 2026 to make decisions regarding Peer and Practice Assessments. The following decisions were made:

January 27, 2026:

- 8 PPA cases reviewed, with the following decisions made:
 - The Panel determined that no further action was required with respect to 8 PPA cases.

February 19, 2026:

- 6 PPA cases reviewed, with the following decisions made:
 - The Panel determined that no further action was required with respect to 6 PPA cases.

Registration Report

Committee: Registration and Examination Appeals
Prepared for: Council
Meeting Date: March 30, 2026

This report covers the period of November 6 to March 12, 2026.

Meetings

The *Panels of the Registration Committee* have met six times.

- The meetings held were as follows:
 - November 21, 2025
 - January 28, 2026
 - February 27, 2026
 - March 5, 2026
 - March 6, 2026
 - March 12, 2026

- The Panels considered the following referrals:
 - 15 educational equivalency assessments
 - 6 remediation plans to register for the 3rd attempt at the exam
 - 1 exemption from the one-year period of eligibility for registration - following notification of passing the exam
 - 3 exemptions from the examination timelines
 - 1 exemption from exam after resignation
 - 1 good conduct application
 - 2 exemptions from language proficiency requirements

The Examination Appeals Committee met once on February 4, 2026 to review one exam appeal request.

Annual Training

The Registration Committee completed its annual training on December 10, 2025. The session included a presentation delivered by the college's legal counsel.

Exam Development

The validation of French translation of the exam form was completed by subject matter experts in February. Other activities such as the item writing and review session are planned for completion in the spring 2026.

Examination

The Spring 2026 exam is scheduled for April 15, 2026. As of March 10, 192 applicants registered.

The exam webinar for the registered candidates is scheduled to take place on March 25.

Membership Update

As of March 10, 2026

- Total membership count is 2,999
 - Members registered in the General Class: 2569
 - Members registered in the Inactive Class: 430
 - Members reinstated after suspension for non-payment of fees:
 - general class - 2
 - inactive class - 1
 - Members reinstated after suspension for non-insurance: 1

Between November 6, 2025 and March 10, 2026, a total of 4 registrants resigned.

Patient Relations Committee Report

Committee: Patient Relations Committee
Prepared for: Council
Date: March 30, 2026

Meetings

The Patient Relations Committee (PRC) has met once, on February 10, 2026, since the last regular Council meeting on December 1, 2025.

Draft Communications Strategy and Implementation Plan Update

On February 10, 2026, the consultant engaged to develop the communications strategy presented a draft Communications Strategy and Implementation Plan to the Patient Relations Committee. The presentation outlined the proposed strategic communications focus, key objectives, priority audience groups, research methodology and key insights, as well as a five-year implementation plan. It also included a proposed measurement framework and preliminary estimates of required resources and budget.

The Committee reviewed the plan and concluded that additional refinements are needed to ensure it aligns with our strategic direction and more effectively supports our public protection mandate.

Committee Report

Committee: Governance and Nominations Committee
Prepared for: Council
Date: March 30, 2026

Meetings

The Governance and Nominations Committee (“the Committee”) had one meeting scheduled since the last regular Council meeting on December 1, 2025.

2025-2026 Committee Slate

In accordance with its terms of reference, the Committee reviewed expressions of interest received from Council members and others for appointments to committees. Expressions of interest were reviewed against established criteria including the College’s By-laws, Policies and the Council and Committee Competency Profile. The Committee has recommended amendments to the 2025-2026 Committee Slate.

2025-2026 Council Effectiveness Review Framework (“CERF”)

External Third-Party Consultant Participation

Consistent with the expectations of the College Performance Measurement Framework (CPMF), the 2025-2026 CERF will be facilitated by an external third-party consultant. The Committee received a report describing the consultant’s proposed process and timelines.

Meeting Evaluation Survey Data

The Committee received a report regarding Council and committee meeting evaluation surveys completed in Q1 and Q2 of fiscal year 2025-2026. This report included an overview of and summary update regarding identified Council and committee meeting strengths and opportunities for improvement.

Planning and Finance Committee Report

Committee: Planning and Finance Committee
Prepared for: Council
Date: March 30, 2026

Meetings

The Planning and Finance Committee had one meeting since the last Council meeting. This meeting took place on March 3rd, 2026.

Revised Risk Management Plan

On March 3rd, 2026, the Committee received a quarterly report on the College's risk management plan and framework. Six proposed amendments were recommended to Council for approval.

Financial Report and Dashboard for Q2 fiscal year 2025-2026

During the March 3rd meeting, the Committee reviewed the Financial Report and Dashboard for Q2 of fiscal year 2025-2026. The Committee has recommended the Financial Report and Dashboard to Council for approval.



REVENUES

COLLEGE OF KINESIOLOGISTS OF ONTARIO - REVENUE & EXPENDITURE REPORT FOR QUARTER 2 FOR THE FISCAL YEAR 2025-2026 (September 1, 2025 to August 31, 2026)				
CATEGORY	APPROVED REVENUE FORECAST FY 2025-26	YTD ACTUAL (Sep 1, 2025 to Feb. 28, 2026)	PROJECTIONS FOR REMAINING Q3 & Q4	VARIANCE TO FISCAL YEAR END
	\$	\$		\$
Revenue:				
Jurisprudence Fee (\$75)	31,343	17,691	24,947	11,295
Application Fee (\$150)	79,577	30,150	49,950	523
Examination Fee (\$450)	214,549	192,470	10,000	-12,079
Registration Fees*	2,097,393	921,686	979,657	-196,050
Interest Income	80,000	33,423	30,600	-15,977
TOTAL REVENUE	2,502,862	1,195,420	1,095,154	-212,288
*Registration Fees are made-up of the following:	Approved Forecast	YTD Actual (Q1 + Q2) Sep Feb	Projections for remaining Q3 & Q4	Variance to fiscal year end
	\$			
New Registrants				
- Sept - Nov (\$700)	53,016	23,200	38,750	8,934
- Dec - Feb (\$525)	39,762	7,853	30,768	-1,141
- Mar - May (\$350)	14,359	-	14,359	0
- Jun - Aug (\$175)	10,850	-	10,850	0
Renewal (\$700)	1,826,648	850,474	864,785	-111,389
Professional Corporation Renewal	3,267	545	654	-2,068
Inactive Renewal (\$250)	122,083	9,681	11,604	-100,798
Change in Status (members back to active)	5,846	1,883	4,988	1,025
Renewal Late Fee (\$150)	15,104	33,150	0	18,046
Professional Corporation Late Fee	250	0	250	0
Inactive Renewal Late Fee (\$100)	3,289	7,600	200	4,511
Re-instatement Fee (\$350)	2,917	2,700	2,450	2,233
Refunds	0	-15,400	0	-15,400
Total	2,097,390	921,686	979,657	-196,046

Management Discussion and Analysis – Q2 Financial Report

Revenue Update

Projected revenues in certain categories were higher than actual results, primarily due to a change in accounting methodology. While the budget was prepared using the accrual-based principle, assumptions were also made regarding a higher number of candidates expected to sit for the September & April examination and a higher number of registrants anticipated to renew following that period. (NB: Projections are approved before (June) that period).

In the previous fiscal year, a larger proportion of registrants in both the general and inactive categories renewed earlier than anticipated. As a result, revenue projections for the current fiscal year were higher than the amounts ultimately recognized. The variance between projected and actual revenue is largely attributable to the timing of these events within the fiscal year. Renewal and examination activity can shift from year to year, with members renewing earlier in some years and later in others, which impacts the timing of revenue recognition. These variances do not indicate financial challenges. The College remains financially stable, and Q2 revenue is tracking as expected. Accrual accounting ensures that revenues and expenses are matched in the correct period, providing the Council, the Finance and Planning Committee, and the public with a clear and accurate picture of the College's financial position.

Highlights

The College has investments which generate interest, there are matured GIC's set to be redeemed at specific dates and others that are cashable within 30 days if necessary.

Q3-Q4 Projections:

- Interest income reflects a slight decrease in rates but remains strong overall; performance is sensitive to fluctuations in the Bank of Canada's policy rate.
- Anticipated funding from two government grants, one for Provincial Provider Registry and one for Summer Student Wage Subsidy Program; these revenues will be recorded as 'Other Revenue' in Q3 once received.
- Exam revenue is projected to be below budget primarily as a result of the transition to accrual-based accounting. Deferred revenue associated with the September examination was recognized in the current fiscal year in accordance with revenue recognition principles, affecting year-over-year comparability. In addition, April examination volumes are expected to be similar to historical participation trends. Q2 revenue is tracking in line with projections, with anticipated achievement by the end of February and the balance to be recognized in March.

Registration:

Registration revenue is forecasted to be below target due to adjustments required to align revenue recognition with accrual-based accounting standards. As a result, we do not anticipate achieving the originally projected fiscal year revenue.

EXPENDITURES

COLLEGE OF KINESIOLOGISTS OF ONTARIO - REVENUE & EXPENDITURE REPORT FOR QUARTER 2 FOR THE FISCAL YEAR 2025-2026 (September 1, 2025 to August 31, 2026)				
CATEGORY	APPROVED BUDGET FY 2025-26	YTD ACTUAL (Sep 1 to Feb. 28, 2026)	PROJECTIONS FOR REMAINING Q3 & Q4	VARIANCE TO FISCAL YEAR END
	\$	\$		\$
Expenditure:				
Council & Committees	85,300	28,111	57,070	119
Professional Fees	103,400	44,001	52,154	7,245
Communications & Media	182,200	64,361	59,281	58,558
Rent & Facility Costs	151,500	82,396	83,275	-14,171
Office & General	138,100	54,077	84,000	23
Salaries & Wages	1,204,350	461,775	742,575	0
Registration Costs	395,249	123,820	257,672	13,757
Quality Assurance	63,520	20,904	42,398	218
Professional Conduct	48,500	63,609	30,000	-45,109
TOTAL EXPENDITURE	2,372,119	943,054	1,408,425	20,640

Management Discussion and Analysis – Q2 Financial Report

Expenses Update

Overall spending remains on track and, in certain areas, is currently trending below budget. However, based on the full-year outlook, total expenses are expected to align more closely with the approved budget by the end of the fiscal year.

It should be noted that some planned initiatives under the Communications budget included in the approved budget are not yet reflected in the Q3 and Q4 projections, as they remain subject to Council approval. Additionally, some expenditures—particularly those related to professional conduct activities—are demand-driven and may fluctuate depending on workload and case volume.

As a result, while current expenditures may appear lower than anticipated at this stage, the College continues to manage its resources prudently. Overall spending is expected to remain consistent with the approved budget by fiscal year-end.

Highlights:

Council and Committee

Q2 Expenses: Council and committees (Registration, Quality Assurance, University Liaison, Patient Relations, G&C, ICRC) meetings held in Q1 and Q2, including annual training and new member orientation.

Q3-Q4 Projections: Council and committee meetings, including a few committee meetings that were deferred from Q1 and Q2. Q1 and Q2 Council and Committee costs are not yet fully reflected, pending submission of all member claims.

Professional Fees

Q2 Expenses: Payment of general legal and bookkeeping fees for Q1 and Q2 as well as remaining registrar evaluation consultancy fees. Vendor rate increase resulted in higher costs. Additional costs incurred to onboard new auditor.

Q3-Q4 Projections: Payment of general legal and bookkeeping fees for Q3 and Q4. Legal review costs for draft materials from communications and registration projects are reflected in these projections.

Communications & Media

Q2 Expenses: Monthly IT support, security and software licensing, website maintenance, communication platform subscription, 2024-25 Annual Report, public awareness and outreach initiatives.

Q3-Q4 Projections: Ongoing monthly IT and communications services plus public awareness campaign and public outreach initiatives. Costs for implementing the Communications Strategy are not reflected pending Council approval.

Rent & Facilities

Q2 Expenses: Rent and parking (Dec-Feb). Includes rent increase. Includes outstanding parking from previous year. Audio visual equipments to furnish new boardroom.

Q3-Q4 Projections: Rent and parking (March-August). Expected overage due to rent increase.

Office & General

Q2 Expenses: Routine office and general administration (copier rental, office supplies, office equipments, telephone and internet), bank and payment processing fees, council and staff professional development and engagement events and College's professional membership renewal fees (Health Professional Regulators of Ontario, Citizens Advisory Group and Canadian Network of Agencies for Regulation).

Q3-Q4 Projections: Routine office and general administration, bank and payment processing fees and professional development for council and staff (governance, AI and mandatory training topics).

Salaries & Wages

Q2 Expenses: Expenses for salaries and benefits.

Q3-Q4 Projections: Projected salary and benefits costs for a full complement of staff through to end of the fiscal year. Any adjustments to this budget line will depend on the timing of the filling of vacant positions. Updated projection will be provided in the Q3 report.

Registration Costs

Q2 Expenses: routine expenses for registration database (support, licensing and hosting fees). Costs also included planned database upgrade project, examination administration and certificate printing. Exam delivery costs were reduced based on number of applicants registered for Spring exam.

Q3-Q4 Projections: routine expenses for registration database, exam content development, annual maintenance and licensing for online exam and jurisprudence platforms and certificate production. Project related expenses deferred from Q2 to Q3. Registration database licensing fees were negotiated, which resulted in reduced costs.

Quality Assurance

Q2 Expenses: Peer and Practice Assessment (PPA) payment and two third of the Essential Competency Review and Validation Project's (ECRV) expenses.

Q3-Q4 Projections: final PPA payments and costs associated with PPA assessor training. Remaining payment for ECRV project.

Professional Conduct

Q2 Expenses: Expenses for investigations, legal advice and discipline related to professional conduct cases. Additional costs due to increase of cases, case complexities and risk-based framework development project (tools, guides and training).

Q3-Q4 Projections: Expenses to wrap up ongoing cases and for potential new cases. Note: Costs related to professional conduct matters are demand-driven; actual expenses may fluctuate from projections.

2025/2026 Q2 Performance Report

(Q2: December 1, 2025 – February 28, 2026)

Overall Highlights



Registration Stats
(as of February 2, 2026)

Registered: **2,984**
Newly Registered: **62**



Practice Inquiries
(as of February 2, 2026)

A total of **14** were received.



Professional Conduct
(as of February 2, 2026)

Active Cases: **16**
Closed Cases: **4**




Spring 2026 Exam


- Registration of exam candidates ongoing until mid March.
- Exam date: Wednesday, April 15, 2026

Operational Highlights

Strategic Theme #1: Governance & Public Trust

Governance/Corporate

DELIVERABLES	STATUS	COMPLETED IN Q2	IN-PROGRESS
<p>Governance:</p> <ul style="list-style-type: none"> • College Performance Measurement Framework (CPMF) preparation and submission • 2025-2026 Council Effectiveness Review Framework (CERF) • Competency-based council and committee eligibility and appointments • Council and committee orientation and training • Implementation of COKO's Whistleblower Policy 	 <p> ■ Completed ■ In Progress ■ Delayed ■ Not Started </p>	<ul style="list-style-type: none"> • 2024-2025 CERF • Whistleblower Policy development • Competency-based council and committee eligibility and appointments • Council & Committee training and orientation 	<ul style="list-style-type: none"> • CPMF to be completed by March 2026 • 2025-2026 CERF

<p>Corporate:</p> <ul style="list-style-type: none"> • Completion of the 2024/2025 Financial Audit and Annual Report. • Ongoing review of portfolios' performance against KPIs. • Orientation and training for council and committee members. • Ongoing review and implementation of the action plan from the Internal Control Audit findings • Continuous review and action on risk mitigation strategies. • Implementation of Risk Management - Reporting Tool and Incident Log. • Development of AI tool policy – MS CoPilot adoption. 	 <p> ■ Completed ■ In Progress ■ Delayed ■ Not Started </p>	<ul style="list-style-type: none"> • Implemented additional safety controls for the office. • Implemented additional improvements for the finance process. • 2024/25 Annual Report published • 2024/25 Audited Financial Statements completed successfully and published with annual report • Executed several action items identified in the Internal Control Audit, including strengthening signature security measures. 	<ul style="list-style-type: none"> • AI usage policy in development • Ongoing review and implementation of the following: <ul style="list-style-type: none"> - Review of portfolios' performance against KPIs - Internal Control Audit findings - Risk mitigation strategies, including Risk Management - Reporting Tool and Incident Log. - Security strategies, including the implementation of security monitoring software and security awareness training for employees.
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Registration

DELIVERABLES	STATUS	COMPLETED IN Q2	IN-PROGRESS
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<ul style="list-style-type: none"> Development of new entry-to-practice exam content and forms based on the updated Kinesiology Core Competency Profile. Finalize updates to the Jurisprudence e-Learning Module. Review and update to the Educational Equivalency Evaluation Framework Review (EEEFR) project. Integrate data-sharing with Provincial Provider Registry (PRR), through Ontario Health. Develop and incorporate demographic-related questions for the upcoming 2025 annual renewal cycle. Update database management system, including automation of registration processes. 	<p>■ Completed ■ In Progress ■ Delayed ■ Not Started</p>	<ul style="list-style-type: none"> Developed new entry-to-practice exam content and forms based on the updated Kinesiology Core Competency Profile. Phase I of the EEEFR project: quantitative data collection. PRR data-sharing integration with Ontario Health; funding confirmed and data mapping planned. Demographic questions for the 2025 renewal cycle; Council approved revised project plan, which includes new timelines of 2027 renewal roll out. 	<ul style="list-style-type: none"> Validation of French-translated content for new entry-to-practice examination materials and related forms, aligned with the updated Kinesiology Core Competency Profile, is in progress. EE framework project: data collection in-progress to be followed by validation, reporting and Council approval. Database management system: phase II in-progress (data mapping, development, testing and launch).
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Professional Conduct

DELIVERABLES	STATUS	COMPLETED IN Q2	IN-PROGRESS
<ul style="list-style-type: none"> Timely response to complaints. Complainants effectively supported by and informed regarding the progress of complaints. Addressing complaints in a right-touch manner. 	<p>■ Completed ■ In Progress ■ Delayed ■ Not Started</p>	<ul style="list-style-type: none"> Conceptualized and iterated a new risk-based framework and guidance tools to support timely and efficient complaint management processes that are grounded in trauma-informed and right-touch regulation frameworks. 	<ul style="list-style-type: none"> Ongoing/as-needed: <ul style="list-style-type: none"> Public register updates Tracking Inquiries, Complaints & Reports (ICR) timelines Monitoring feedback regarding complaint process and available information and supports Ongoing refinement of the new framework and guidance tools to enhance risk assessment and reinforce right-touch complaint resolution. <ul style="list-style-type: none"> Enhancing the COKO website to clearly communicate available supports for complainants, including sexual abuse therapy and counselling resources.

Strategic Theme: #2: Engagement & Partnerships

Communications

DELIVERABLES	STATUS	COMPLETED IN Q2	IN-PROGRESS
<ul style="list-style-type: none"> • Communication strategy and implementation plan • System partner engagement and meetings • Member engagement and education • Public awareness and perception • Enhanced communication products and channels • Council elections 	<p> ■ Completed ■ In Progress ■ Delayed ■ Not Started </p>	<ul style="list-style-type: none"> • Communications strategy and implementation plan: presented to Patient Relations committee (PRC). • Enhancing and leveraging existing and underutilized communications channels to support system partnerships and public awareness: <ul style="list-style-type: none"> - Enhanced social media presence - Streamlined website navigation and content presentation - Refreshed e-newsletter design and content approach • System partner outreach and collaborations: <ul style="list-style-type: none"> - Met with universities and associations to share information and foster partnership relations. <ul style="list-style-type: none"> ○ Re university visits – a refreshed survey was developed for students who participated the sessions to provide additional feedback. 	<ul style="list-style-type: none"> • Communications strategy and implementation plan: <ul style="list-style-type: none"> - Incorporate feedback from PRC • System partner outreach and collaborations (ongoing) <ul style="list-style-type: none"> - Collaboration with OKA to jointly deliver one townhall-style session to differentiate the roles of COKO and professional associations. - Seek OKA's support to help promote another COKO townhall on the Patient/Client-Centred Care Guideline • Development of COKO Brand Guide • Pilot public awareness initiative: story collection began in Q2 • Ongoing updates to website to improve usability

Strategic Theme #3: System Collaboration

Professional Practice & Quality Assurance

DELIVERABLES	STATUS	COMPLETED IN Q2	IN-PROGRESS
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- Revise *Essential Competencies of Practice for Kinesiologists in Ontario* to align with *Kinesiologist Core Competency Profile*
- Establish expectations and supports to promote culture of continuous quality improvement
- Develop/amend processes and policies to explain how COKO uses a risk-based, evidence-informed approach to assessment
- Development of peer and mentoring programs for kinesiologists
- Biennial self-assessment
- Annual eLearning module cycle



■ Completed ■ In Progress
■ Delayed ■ Not Started

- eLearning module cycle 2025

- Essential Competency revision: Phase 3: Validation results to be presented to QAC and then to Council March 2026.
- PLI Audit
- PPA: ongoing
- Peer Circles: Participant applications received, scheduling to take place, with Peer Circles running between February 2026 to July 2026.
- Self-Assessment: Member progress towards ILP learning goals from 2024-2025 Self-Assessment.

2025/2026 Revised Risk Management Plan Dashboard

Overall Risk Priority Highlights:

Risk Priority (Risk Rating)	Description	Changes (from March 2026)		# of Risks (2025/2026)
Extreme (10-20)	Requires immediate prohibition of the work, process and immediate corrective action	Upgraded to Extreme:	0	0
High (7-9)	Requires immediate corrective action	Downgraded to High:	0	1
		Upgraded to High:	0	
Moderate (3-6)	May require corrective action, planning and budgeting process	Downgraded to Moderate:	3	19
		Upgraded to Moderate:	0	
Low (1-2)	May require consideration in any future changes to the work area or processes, or can be fixed immediately	Downgraded to Low:	3	23
		Upgraded to Low:	0	

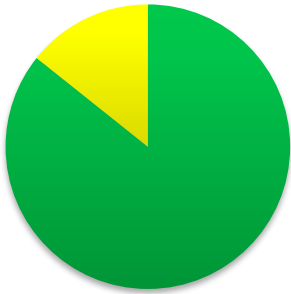
General and Non-Substantive Amendments (apply to multiple risk types, risks and risk mitigation strategies):

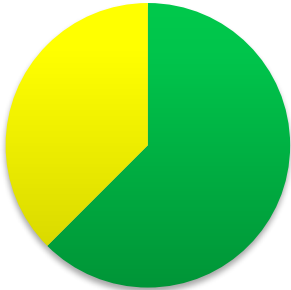
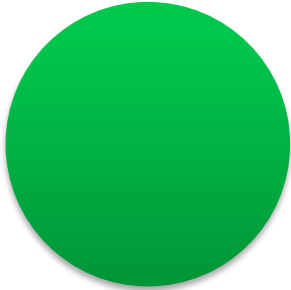
- House Keeping amendments to risk mitigation strategies
- Minor amendments for formatting/grammar/spelling where indicated

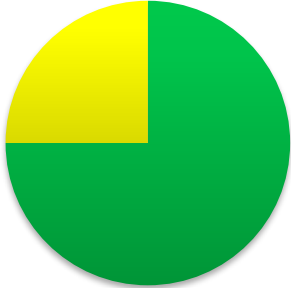
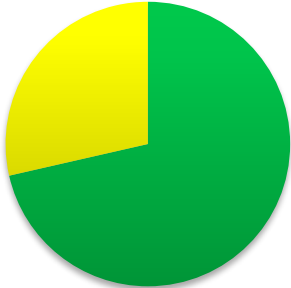
Details (Q2 2025-2026: December 1, 2025 –February 28, 2026)


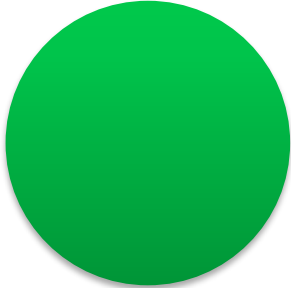

Legend:



Risk Type	Risk Priorities	Proposed Amendments			
<i>Financial</i>		Risk Item	Amendment	Rationale	Current Risk Likelihood/Impact/Priority
		1 - Inadequate procedures for financial document management Financial records are not sufficiently organized	Amended risk mitigation strategy reflects the implementation of enhanced financial processes.	Streamlined vendor communications and payment tracking and strengthened staff succession planning ensures continuity during staff absences.	Likelihood: 2 – Unlikely
					Impact: 1 - Minor
					Priority: 2 - Low
		7 - Inefficient project management	Reflecting strengthened project planning and operational oversight.	Projects are planned annually based on current staffing capacity, with timelines and deliverables aligned to available resources. While staffing changes may result in adjustments to timelines, projects are not halted or overlooked.	Likelihood: 2- Unlikely
					Impact: 2 - Serious
					Priority: 4 - Moderate

Risk Type	Risk Priorities	Proposed Amendments				
Information Management		Risk Item	Amendment	Rationale	Current Risk Likelihood/Impact/Priority	
		9. Poor records management	Reflects ongoing improvements to the College's records management practices.	The Registrar and senior staff have implemented ongoing training and is currently reviewing the document retention framework to strengthen consistency and accuracy. Notably, no related incidents have occurred in the past year.	<table border="1"> <tr> <td data-bbox="2088 386 2486 526"> Likelihood: 1 - Rare </td> </tr> <tr> <td data-bbox="2088 526 2486 675"> Impact: 2 - Serious </td> </tr> <tr> <td data-bbox="2088 675 2486 792"> Priority: 2 - Low </td> </tr> </table>	Likelihood: 1 - Rare
Likelihood: 1 - Rare						
Impact: 2 - Serious						
Priority: 2 - Low						
Loss/Damage of Capital Equipment/Furnishings		<ul style="list-style-type: none"> No changes or amendments proposed to any risks in this risk type. 				

Risk Type	Risk Priorities	Proposed Amendments				
<i>Loss/Compromise of Examination</i>		Risk Item	Amendments	Rationale	Current Risk Likelihood/Impact/Priority	
		<i>Risk #20 Validity of examination content is legally challenged</i>	Reflects strengthened examination oversight processes.	The examination is administered through a third-party vendor and undergoes formal validation to ensure defensibility and integrity. No related concerns have arisen over the past year.	<table border="1"> <tr> <td data-bbox="2085 418 2489 591">Likelihood: 1 - Rare</td> </tr> <tr> <td data-bbox="2085 591 2489 760">Impact: 2 - Serious</td> </tr> <tr> <td data-bbox="2085 760 2489 932">Priority: 2 - Low</td> </tr> </table>	Likelihood: 1 - Rare
Likelihood: 1 - Rare						
Impact: 2 - Serious						
Priority: 2 - Low						
<i>Human Resources</i>		<ul style="list-style-type: none"> No changes or amendments proposed to any risks in this risk type. 				

Loss of Confidence in CKO		Risk Item	Risk Assessment	Rationale	Current Risk Likelihood/Impact/Priority
		33 Public, registrants, government and/or other stakeholders perceive the College as not being transparent and/or fair	Reflecting improved stakeholder understanding of the College's regulatory mandate.	Investments in strengthening the College's regulatory processes and enhancing staff knowledge and training. Staff across departments receive regular training and guidance to support informed, transparent, and fair decision-making aligned regulatory frameworks.	Likelihood: 1 - Rare Impact: 2 - Serious Priority: 2 - Low
Governance		Risk Item	Amendment	Rationale	Current Risk Likelihood/Impact/Priority
		38 - Council/Committee operating outside of mandate; or seen to be advocating for profession	Reflecting strengthened governance practices at the Council and Committee level.	Ongoing Council training has reinforced clarity of the College's mandate. In addition, competency-based appointments and succession planning have strengthened governance capacity and supported continued member development.	Likelihood: 1 - Rare Impact: 2 - Serious Priority: 2 - Low
Compliance		<ul style="list-style-type: none"> No changes or amendments proposed to any risks in this risk type. 			

Resolution – Revised Risk Management Plan – FY2025/26

Whereas, Council is responsible for the oversight of the College of Kinesiologists of Ontario (COKO) and the management of its affairs, and

Whereas, as part of its oversight role, Council reviews the Risk Management plan developed by COKO staff to identify, assess, and respond to risks facing COKO and its operations, and

Whereas, Council has reviewed the revised Risk Management Plan for 2025/2026, including the identified risk priorities and proposed mitigation strategies, and

Whereas, Council is of the view that the Risk Management Plan appropriately prioritizes and addresses the identified risks in light of COKO's overall risk tolerance,

Therefore, be it resolved that Council approves the revised Risk Management Plan for the fiscal year 2025/2026.

Moved by:

Seconded by:

Date: March 30, 2026

College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 1, 2025 – December 31, 2025

DRAFT

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Introduction

The College Performance Measurement Framework (CPMF)

The CPMF has been developed by the Ontario Ministry of Health (the ministry) in close collaboration with Ontario’s health regulatory Colleges (Colleges), subject matter experts and the public with the aim of answering the question “how well are Colleges executing their mandate to act in the public interest?” This information:

1. Strengthens accountability and oversight of Ontario’s health regulatory Colleges; and
2. Supports Colleges in improving their performance.

Each College reports on seven Domains with the support of six components, as illustrated in Table 1.

Table 1: CPMF Measurement Domains and Components

1	Measurement domains	→ Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
2	Standards	→ Performance-based activities that a College is expected to achieve and against which a College will be measured.
3	Measures	→ More specific requirements to demonstrate and enable the assessment of how a College achieves a Standard.
4	Evidence	→ Decisions, activities, processes, or the quantifiable results that are being used to demonstrate and assess a College’s achievement of a standard.
5	Context measures	→ Statistical data Colleges report that will provide helpful context about a College’s performance related to a standard.
6	Planned improvement actions	→ Initiatives a College commits to implement over the next reporting period to improve its performance on one or more standards, where appropriate.

CPMF Model

The seven measurement domains shown in Figure 1 are critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to statutory obligations and organizational processes that enable a College to carry out its functions well. The seven domains are interdependent and together lead to outcomes that a College is expected to achieve as an excellent regulator. The fourteen Standards within the seven measurement domains are listed in Figure 2.

Figure 1: CPMF Model for Measuring Regulatory Excellence

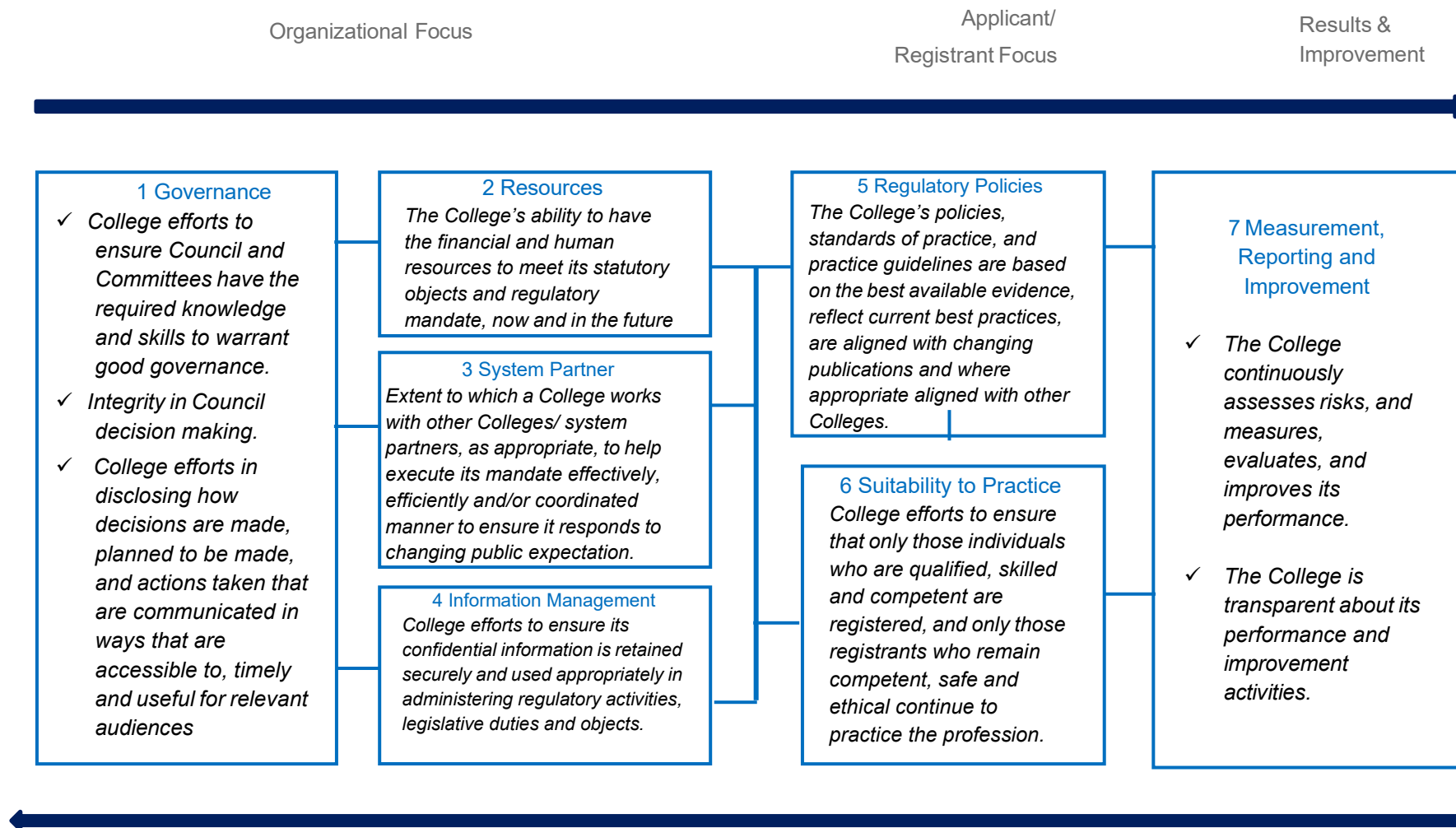


Figure 2: CPMF Domains and Standards

Domains	Standards
Governance	1. Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.
	2. Council decisions are made in the public interest.
	3. The College acts to foster public trust through transparency about decisions made and actions taken.
Resources	4. The College is a responsible steward of its (financial and human) resources.
System Partner	5. The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.
	6. The College maintains cooperative and collaborative relationships responds in a timely and effective manner to changing public expectations.
Information Management	7. Information collected by the College is protected from unauthorized disclosure.
Regulatory Policies	8. Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.
Suitability to Practice	9. The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.
	10. The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.
	11. The complaints process is accessible and supportive.
	12. All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.
	13. The College complaints process is coordinated and integrated.
Measurement, Reporting and Improvement	14. The College monitors, reports on, and improves its performance.

The CPMF Reporting Tool

The College Performance Measurement Framework (CPMF) remains a cornerstone of regulatory transparency and excellence in Ontario. Through this sixth iteration, the CPMF will continue to provide the public, the Ministry of Health, and other stakeholders with critical insights into the activities and processes of health regulatory Colleges during 2025.

The information gathered through the CPMF Reporting Tool is intended to spotlight areas for enhancement, prompting closer attention and potential follow-up actions. As in the past, the Ministry will not assess whether Colleges meet or do not meet the Standards in the CPMF. The outcomes of the reporting will continue to facilitate meaningful dialogue on performance improvement among College staff and Council members and between Colleges and their broader communities, including the public, the Ministry, members, and other stakeholders.

Completing the CPMF Reporting Tool

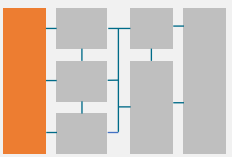
While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the CPMF Reporting Tool, the ministry relies on individual Colleges, as subject matter experts, to determine how a term should be appropriately interpreted given the uniqueness of the profession each College oversees.

In the spirit of continuous improvement, if the College plans to improve its actions or processes related to a respective Measure or Evidence, it is encouraged to highlight these planned activities and progress made on commitments from previous years.

There are eight pieces of Evidence highlighted within Part 1 of the Reporting Tool as ‘Benchmarked Evidence’. These pieces of evidence were identified as attributes of an excellent regulator, and Colleges should meet, or work towards meeting these benchmarks. If a College does not meet, or partially meets expectations on a benchmark, it is asked to provide an improvement plan that includes the steps it will follow, timelines and any barriers to implementing that benchmark.

Where a College fully met Evidence in 2024 and 2025, the College may opt to respond with ‘Met in 2024 and Continues to Meet in 2025’. In the instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to or referencing College documents.

Part 1: Measurement Domains

		Measure: 1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	
DOMAIN 1: GOVERNANCE	STANDARD 1	Required Evidence	College Response
		<p>a. Professional members are eligible to stand for election to Council only after:</p> <p>i. meeting pre-defined competency and suitability criteria; and</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> The competency and suitability criteria are public: Yes <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> <p>The Council and Committee Competency Profile can be found here on the College's website. Also, the Council eligibility criteria are set in the College's by-laws (specifically articles 10.11 and 10.12, which can be found on pgs. 19-21 of the .pdf of the By-laws).</p> <p>The College's non-statutory Governance & Nominations Committee is, as per its Terms of Reference (see Attachment 3 to Schedule 4 to the College's by-laws, on pg. 74 of the .pdf), responsible for "screening applicants seeking election to serve on Council for eligibility". This screening process includes assessment and evaluation of the extent to which a registrant meets the competency and suitability criteria. The process is facilitated by the use of an assessment tool/rubric. This tool helps promote decision-making consistency, while still permitting sufficient flexibility to account for unique circumstances and lived experiences.</p> <p><i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p> <p>The College will continue to assess, evaluate and reflect on its competency-based selection process. This will include exploring opportunities to enhance the assessment rubric. This may include, for example, an interview process in addition to the current required documentation.</p>

	<p>ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Duration of orientation training. -The College’s Council pre-election orientation and training module can be completed at a pace suitable for the individual registrant. Completion of the module may require 1-2 hours, depending upon the individual. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). - The orientation training is currently provided via an online Council Orientation Module. Completion of the module is a required element of the nomination process. The module must be completed prior to the closure of the nomination window for the nominee to be deemed eligible to stand for election. The module, which includes links to the College’s By-laws and other resources, is divided into 12 parts. The module contains interactive elements, as well as a knowledge-testing quiz at the end of the module. This quiz is intended more as a reflective exercise rather than a pass-fail test of knowledge. Completion of the module is documented both on the nomination form and confirmed via a survey link embedded in the module itself. - The requirement to complete the orientation module is set out in articles 10.11 and 10.12 of the College’s By-laws (pgs. 19-21 of the .pdf of the By-laws). For greater specificity, see clauses 10.11.xix (pg. 20 of the .pdf of the By-laws) and 10.12.xix (pg. 21 of the .pdf of the College’s by-laws). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. - The module is available via public link on the College’s Council elections webpage (under the section heading: “Competency and Eligibility”). 	<p>Yes</p>
	<p>b. Statutory Committee candidates have:</p> <p>i. Met pre-defined competency and suitability criteria; and</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • The competency and suitability criteria are public: Yes • <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> - The Council and Committee Competency Profile can be found here on the College’s website. Also, the committee eligibility criteria are set in the College’s by-laws (specifically article 13.14, which can be found on pg. 32 of the .pdf of the By-laws). The Council and Committee Competency Profile includes two broad categories of competencies: <ul style="list-style-type: none"> ○ Competencies required of individual Committee members; and ○ Competencies required at the “whole Committee” level but not necessarily required of all individual Committee members. - The College’s Governance & Nominations Committee is, as per its Terms of Reference, responsible for “evaluating applications for committee membership”. The Governance & Nominations Committee’s assessment and evaluation is based on the eligibility criteria set out in the College’s By-laws, the College’s Policy for 	<p>Yes</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional):</i></p>	

			<p>committee appointments and the terms of reference for each committee.</p>								
			<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>								
		<p>ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.</p>	<table border="1"> <tr> <td data-bbox="776 469 2198 521">The College fulfills this requirement:</td> <td data-bbox="2198 469 2628 521">Yes</td> </tr> <tr> <td colspan="2" data-bbox="776 521 2628 1075"> <ul style="list-style-type: none"> • Duration of each Statutory Committee orientation training. <ul style="list-style-type: none"> - At least 1 hour in duration (varies depending upon the Committee). • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). <ul style="list-style-type: none"> - Committee orientations are conducted at the first committee meeting following a new committee member’s appointment to the committee(s). Orientations may be conducted on an individual basis (for example, where there are new appointments during the year such as may be required to fill a vacancy, or where a new member of Council has been elected or appointed). - Committee orientations may be supported or facilitated by pre-orientation online modules. - Orientations are facilitated by College staff, with external supports available as required on a Committee-by-Committee basis. • Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. <ul style="list-style-type: none"> - These orientations provide committee members with information and training regarding: <ul style="list-style-type: none"> ○ Committee governance (mandate, terms of reference and applicable legislation) ○ Committee portfolio and accountabilities; ○ The College’s by-laws and code of conduct (including conflicts of interest and confidentiality); and ○ The processes and framework used by the committee for adjudicative and other decision-making. </td> </tr> <tr> <td data-bbox="776 1075 2198 1127"><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></td> <td data-bbox="2198 1075 2628 1127">Choose an item.</td> </tr> <tr> <td colspan="2" data-bbox="776 1127 2628 1385"> <p><i>Additional comments for clarification (optional):</i></p> </td> </tr> </table>	The College fulfills this requirement:	Yes	<ul style="list-style-type: none"> • Duration of each Statutory Committee orientation training. <ul style="list-style-type: none"> - At least 1 hour in duration (varies depending upon the Committee). • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). <ul style="list-style-type: none"> - Committee orientations are conducted at the first committee meeting following a new committee member’s appointment to the committee(s). Orientations may be conducted on an individual basis (for example, where there are new appointments during the year such as may be required to fill a vacancy, or where a new member of Council has been elected or appointed). - Committee orientations may be supported or facilitated by pre-orientation online modules. - Orientations are facilitated by College staff, with external supports available as required on a Committee-by-Committee basis. • Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. <ul style="list-style-type: none"> - These orientations provide committee members with information and training regarding: <ul style="list-style-type: none"> ○ Committee governance (mandate, terms of reference and applicable legislation) ○ Committee portfolio and accountabilities; ○ The College’s by-laws and code of conduct (including conflicts of interest and confidentiality); and ○ The processes and framework used by the committee for adjudicative and other decision-making. 		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.	<p><i>Additional comments for clarification (optional):</i></p>	
The College fulfills this requirement:	Yes										
<ul style="list-style-type: none"> • Duration of each Statutory Committee orientation training. <ul style="list-style-type: none"> - At least 1 hour in duration (varies depending upon the Committee). • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). <ul style="list-style-type: none"> - Committee orientations are conducted at the first committee meeting following a new committee member’s appointment to the committee(s). Orientations may be conducted on an individual basis (for example, where there are new appointments during the year such as may be required to fill a vacancy, or where a new member of Council has been elected or appointed). - Committee orientations may be supported or facilitated by pre-orientation online modules. - Orientations are facilitated by College staff, with external supports available as required on a Committee-by-Committee basis. • Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. <ul style="list-style-type: none"> - These orientations provide committee members with information and training regarding: <ul style="list-style-type: none"> ○ Committee governance (mandate, terms of reference and applicable legislation) ○ Committee portfolio and accountabilities; ○ The College’s by-laws and code of conduct (including conflicts of interest and confidentiality); and ○ The processes and framework used by the committee for adjudicative and other decision-making. 											
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.										
<p><i>Additional comments for clarification (optional):</i></p>											

		<p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College's mandate and expectations pertaining to the appointee's role and responsibilities.</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2024, continues to meet in 2025</p>
		<ul style="list-style-type: none"> • Duration of orientation training. - Council orientations are typically scheduled for 1.5 hours. The specific duration of each orientation may vary depending on the number of new Public appointees and the type and complexity of questions that may arise. • Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). - Orientations are conducted via virtual meeting (videoconference) prior to the appointee(s) first Council meeting. Orientation sessions are facilitated by the President of Council, supported by the Registrar & CEO and such staff as may be designated by the Registrar & CEO to provide portfolio-specific information. - Orientation sessions are facilitated by the President of Council and the Registrar & CEO and include presentations from College staff responsible for various College portfolios. - The Orientation session includes opportunities for discussion, including probing questions asked by presenters. Orientation attendees also have opportunities to ask clarifying questions. • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. - Orientation topics include: <ul style="list-style-type: none"> ○ Governance; ○ Financial planning and stewardship; ○ The role of the College and the role of Council; ○ Where Council's role begins and ends, and the role of staff; ○ Duties and responsibilities of a Council member (e.g. conflict of interest); ○ What a registered kinesiologist does (and information on the entry-to-practice requirements); ○ An overview of the College's portfolios and the various statutory and non-statutory committees. 		
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>

			<i>Additional comments for clarification (optional):</i>
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Measure: 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.		
Required Evidence	College Response	
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ul style="list-style-type: none"> i. Council meetings; and ii. Council. 	The College fulfills this requirement:	Met in 2024, continues to meet in 2025
	<ul style="list-style-type: none"> • Please provide the year when Framework was developed OR last updated. - Amendments to the College’s Council Effectiveness Review Framework (CERF) were most recently approved by Council on June 24, 2024 (see Agenda Item 13 on pg. 5 of the Minutes of that meeting of Council). • Please insert a link to Framework OR link to Council meeting materials and indicate the page number where the Framework is found and was approved. - The current CERF can be reviewed on pgs. 47-54 of the Meeting Materials for the June 24, 2024 Council meeting. • Evaluation and assessment results are discussed at public Council meeting: Yes • <i>If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.</i> - A public report was provided to Council at the December 2025 Council meeting (see pg. 40 of the December Council meeting package). A summary public report is also posted to the Council and Committee page on the College’s website (link: 2024-2025 CERF Report). 	
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
<i>Additional comments for clarification (optional)</i> As part of the external third-party review of Council performance and effectiveness in fiscal year 2025-2026 (with the consultant’s report to be provided in calendar year 2026), the College will consider any recommendations from the consultant regarding potential amendments or improvements to the current CERF. Resulting proposed amendments to the CERF, if any, will be reviewed by the Governance & Nominations Committee, with recommendations made to Council.		

		<p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> • Has a third party been engaged by the College for evaluation of Council effectiveness? Yes • <i>If yes, how often do they occur?</i> <ul style="list-style-type: none"> - Every 3 years • Please indicate the year of last third-party evaluation. <ul style="list-style-type: none"> - Fiscal year 2022-2023. 	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>
			<p><i>Additional comments for clarification (optional)</i></p> <p>The College will engage an external third-party consultant for the 2025-2026 Fiscal Year CERF.</p>	

		<p>c. Ongoing training provided to Council and Committee members has been informed by:</p> <p>i. the outcome of relevant evaluation(s);</p> <p>ii. the needs identified by Council and Committee members; and/or</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers. - The reports from past CERFs (2023-2024 and 2024-2025) provides high-level insight into how the outcome of that CERF cycle contributed to the identification of opportunities to enhance the training provided to Council and Committee members. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. - Council and committee members may provide feedback regarding training needs and opportunities via: <ul style="list-style-type: none"> ○ Meeting Evaluation Surveys (which are administered at the end of each Council and committee meeting); ○ The Council Annual Evaluation Survey (which is administered following the June Council meeting); and ○ The (voluntary) Council Member Self-Reflection, which allows them to identify any personal goals for the following fiscal year. As with the Council Annual Evaluation Survey, the Council Member Self-Reflection is offered following the June Council meeting. ○ Ongoing dialogue and communication between the Registrar & CEO and the President of Council. - Oversight of council and committee training and development based on evaluation results, and recommendations from Council and committees is among the responsibilities of the Governance & Nominations Committee. <u>This is specified in the terms of reference of that Committee (see: Attachment 3 to Schedule 4 to the College's By-laws, specifically pg. 74 of the .pdf).</u> - The College has also established a routine training curriculum, which is delivered during the September Council meeting (which is the first meeting of a new fiscal year). This training ensures that Council receives training that includes: <ul style="list-style-type: none"> ○ Conflicts of interest ○ The College's workplace violence and harassment policy ○ Discipline Committee processes ○ Prevention of Sexual Abuse <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p> <p>Choose an item.</p>
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Additional comments for clarification (optional):

In 2025, the College undertook to develop a formal Council Engagement, Mentorship and Succession Planning Guide. This guide complements and builds on the [Council Succession Planning and Mentorship Program Policy](#). This Policy, and the associated guide (the latter of which was approved by Council at the [December 2025 Council meeting](#), see pg. 134 of the .pdf) can also help Council members identify opportunities for continuing learning and development, particularly those who may wish to submit expressions of interest to serve in roles such as a Committee Chair or Vice-Chair or as an Officer of the College (President, Vice-President or one of the other members of the College's Executive Committee).

		<p>iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders.</p> <p>Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers. - Council and committee training has been informed on an ongoing basis by the College Performance Measurement Framework (CPMF: See link for the College's previous submissions). By setting out Standards and Measures of regulatory excellence, the CPMF has provided the College and Council with insight into public expectations, including the importance and relevance of risk management and Diversity, Equity and Inclusion. - The College may also use its risk management framework to identify how evolving public expectations or other risk factors may impact ongoing Council training. While the detailed risk management plan and risk mitigation strategies are not made public, the College does provide Council with a quarterly dashboard. One example of an update to the risk management plan relevant to Council training can be found in the risk management dashboard presented to Council at the June 2025 meeting (see. Pg. 30 of the Council meeting materials for that meeting) • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. - Consideration of public expectations and the public interest, including risk management and Diversity, Equity and Inclusion, informed the Council governance training that was provided throughout calendar year 2025. - One example of how this was done in 2025: As a result of this ongoing evaluation, and in keeping with the College's commitment to mentorship, succession planning and Council and committee engagement, the College provided a specific Chair training session, led by an external consultant with governance expertise. This session was held in November 2025 and was attended by current and newly appointed Committee Chairs. This session supported the College's approach to risk management by ensuring that Chairs and Vice Chairs receive opportunities to reflect on and refine/improve their leadership and chairing competencies. This supports Council and committee engagement and participation, while decreasing the likelihood of governance issues at Council and committee level. Examples of governance issues may include the Rules of Order not having been followed, or a scenario where a decision was made that may not have been consistent with the principles of good governance, the duty and objects of the College, the public interest and/or, if applicable, the terms of reference of a statutory or non-statutory committee. - To provide additional support to Council, the College also provided Council members with specific training focused on understanding financial statements. This training was provided at the December 2025 Council meeting prior to presentation of the College's audited financial statements for 2024-2025. This training is typically provided each year. Such training supports the College's approach to risk management by helping Council understand and make informed decisions regarding the College's financial statements. 	<p>Yes</p>
<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>	

			<i>Additional comments for clarification (optional):</i>
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Measure:	
2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.	
Required Evidence	College Response
<p>a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is:</p> <ul style="list-style-type: none"> i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g., Diversity, Equity, and Inclusion); and <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders, and the public. While there will be similarities across Colleges such as Diversity, Equity, and Inclusion, this is also an opportunity to reflect additional issues, expectations, and emerging initiatives unique to a College or profession.</p>	<p>The College fulfills this requirement:</p>
	<p>Yes</p>
	<ul style="list-style-type: none"> • Please provide the year when the Council Code of Conduct and ‘Conflict of Interest’ Policy was last evaluated/updated. - Evaluation of the code of conduct and conflict of interest policy and relevant by-law (By-law 16) is an ongoing process. Since their approval in their current form, (2021), there has not been any identified need for amendments to the Code of Conduct, the Conflict of Interest Policy, or the Conflict of Interest by-law. - At the September Council meeting, the College ensures that Council receives annual training from the College’s legal counsel regarding conflicts of interest. As part of this training, Council receives a review of the College’s By-laws and any relevant legislation, practices, public expectations, issues and emerging initiatives. This training provides and supports an annual review of the existing policy, and articles of and schedule to the by-laws. • Please briefly describe any changes made to the Council Code of Conduct and ‘Conflict of Interest Policy’ resulting from the last review. - No changes were indicated or required in calendar year 2025.
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
	<p><i>Additional comments for clarification (optional)</i></p>

		<p>ii. accessible to the public.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy OR Council meeting materials where the policy is found and was last discussed and approved and indicate the page number. - The College's By-laws, which are publicly available on the College's website, include the Council and Committee Code of Conduct (Schedule 3 to the By-laws on pgs. 63-64 of the .pdf) and Conflict of Interest By-law (By-law 16, pgs. 37-40 of the .pdf). - Both the Code of Conduct and the Conflict of Interest By-law (By-Law 16) are also posted separately on the College's website. <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (optional)</i></p>	<p>Met in 2024, continues to meet in 2025</p> <p>Choose an item.</p>
		<p>b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e., cooling off periods).</p> <p><u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Cooling off period is enforced through: By-law • Please provide the year that the cooling off period policy was developed OR last evaluated/updated. 2023 • Please provide the length of the cooling off period. Three years • How does the College define the cooling off period? <ul style="list-style-type: none"> - Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number; Please see Articles 10.11 and 10.12 (pgs. 19-21 of the .pdf) of the By-laws. These Articles describe individuals to whom and circumstances in which the three-year cooling off period may apply to eligibility to stand for election to Council: <ul style="list-style-type: none"> - Findings of professional misconduct, incompetence or incapacity by the College or any other regulatory body; - Being in a leadership position (employee, officer or director) of any professional association or certifying body related to the profession; - Service as a member of Council for the maximum term; - Disqualification from Council or a committee of the College; - Individuals who have been College staff; and - Individuals who resigned from Council for reasons other than health or personal reasons acceptable to Council - Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; OR <ul style="list-style-type: none"> - Following the requisite public consultation, By-law 10 was reviewed and approved at the March 20, 2023 Council meeting (see pgs. 8-9 of the .pdf). - Where not publicly available, please briefly describe the cooling off policy. 	<p>Met in 2024, continues to meet in 2025</p>

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	
	<p>c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. <u>Additionally:</u></p> <ul style="list-style-type: none"> i. the _____ completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda.</u> 	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> • Please provide the year when conflict of interest the questionnaire was implemented OR last evaluated/updated. - 2021 (please see pg. 24 of the .pdf of a previous CPMF submission for specific links to relevant Council materials). • Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: Yes • Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number. - The Conflict of Interest form is publicly available on the College’s website and is distributed to Council members via cloud-based survey application (example: December 2025 Council Meeting). All required elements (c. i. to c. iv.) are included in the conflict of interest disclosure survey. - Conflicts of interest declarations (via the Conflict of Interest form or in-meeting declaration(s)) were most recently considered by Council at the December 2025 Council Meeting (see link associated with the Agenda, pg. 3 of the .pdf). Any declarations of conflict(s) of interest are recorded in the minutes (see: June 23, 2025 Council Minutes, Agenda Item 3 on pgs. 1-2 of the .pdf). 	
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	

		<p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2024, continues to meet in 2025</p>
		<ul style="list-style-type: none"> • Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. - The College provides Council members with Issue/Decision Notes associated with topics to be presented to Council. These issue/decision notes include public interest rationales relevant to the issue at hand. - The public interest rationales provided in the issue/decision notes are also included in presentations for Council. • Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number. - Example: September 2025 Council meeting, Agenda Item 10.c., Policy: Fee Waivers and Reductions. Public Interest Rationale provided on pg. 34 of the .pdf) 		
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
		<p><i>Additional comments for clarification (if needed)</i></p>		

		<p>e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.</p> <p><u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed as appropriate.</p> <p>Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.</p> <p>Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.</p>	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> • Please provide the year that the formal approach was last reviewed. - The formal approach to enterprise risk management for internal and external risks was most recently reviewed by the Planning and Finance Committee in August, 2025, with review by Council at the September 2025 Council meeting. - The College’s risk management plan is reviewed by the Planning and Finance Committee and by Council on a quarterly basis, with risk likelihoods, impacts, priorities and risk mitigation strategies amended as may be appropriate and/or required. This was done throughout 2025. • Please insert a link to the internal and external risks identified by the College OR Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities and indicate page number. - Please see the College’s Report on the 2025-2030 Strategic Plan, which was presented to Council for approval (and duly approved by Council) on December 2, 2024 (see pgs. 41-44 of the .pdf). - Further, an example of Council’s annual risk management review (September 2025) can be found on pg. 39 of the Materials for the September Council Meeting in 2025. 	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (if needed)</i>	

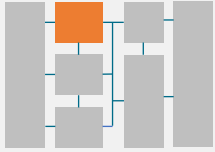
Measure:		
3.1 Council decisions are transparent.		
Required Evidence	College Response	
<p>a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.</p>	<p>The College fulfills this requirement:</p> <p>Met in 2024, continues to meet in 2025</p> <ul style="list-style-type: none"> • Please insert a link to the webpage where Council minutes are posted. - Council minutes for meetings from 2011 – 2025 are posted to the College’s website. • Please insert a link to where the status updates on implementation of Council decisions to date are posted OR where the process for requesting these materials is posted. - At each regular Council meeting, and elsewhere as required, Council is provided with updates on the College’s operations in the form of a dashboard that shows quarterly progress on College projects and operational activities. An example of these dashboards can be found in the meeting materials for the March 2025 Council meeting (pgs. 159-163 of the .pdf). Council is also provided with updates regarding any Action Items emerging from previous Council meetings (see the Minutes of the June 2025 Council meeting, pg. 2 of the .pdf) - The College posts staff contact information on its website, as well as a General Contact Form. Should a request for more detailed updates or information be received, the College’s response times and processes would be governed by all applicable legislation regarding requests for information and the College’s Privacy Code and Client Service Policy. 	
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
	<p><i>Additional comments for clarification (optional)</i></p>	

		<p>b. The following information about Executive Committee meetings is clearly posted on the College's website (alternatively the College can post the approved minutes if it includes the following information).</p> <ul style="list-style-type: none"> i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council. 	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> • Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. - Information regarding Executive Committee meetings are be posted to the College's website. - Notice of Executive Committee meetings is also posted to the website (Committees – College of Kinesiologists of Ontario). 	
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

Measure: 3.2 Information provided by the College is accessible and timely.	
Required Evidence	College Response
a. With respect to Council meetings: <ul style="list-style-type: none"> i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined. 	The College fulfills this requirement: Met in 2024, continues to meet in 2025 <ul style="list-style-type: none"> • Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted. - Past and upcoming Council meeting materials are posted to the College's website. Meeting materials dating back to 2017 are provided. For Council meetings prior to 2017, meeting highlights and/or meeting minutes are posted to the website. - Of note: on the relevant page of the College's website, there is a "contact us" sidebar with email addresses for College staff to whom inquires regarding or requests for materials may be directed.
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> Choose an item.
	<i>Additional comments for clarification (optional)</i>
b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement: Met in 2024, continues to meet in 2025 <ul style="list-style-type: none"> • Please insert a link to the College's Notice of Discipline Hearings. - Notices of upcoming Discipline Committee Hearings are posted to this page on the College's website.

		<p>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</p>	<p>Choose an item.</p>
		<p>Additional comments for clarification (optional)</p>	
<p>Measure: 3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.</p>			
<p>Required Evidence</p>		<p>College Response</p>	
<p>a. The DEI plan is reflected in the Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).</p>		<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> • Please insert a link to the College’s DEI plan. - Please see the College’s 2023 CPMF submission for more details. - Of note, and associated with the development of the College’s 2025-2030 Strategic Plan, the College’s Mission, Vision and Values have been amended to include “Equity, Diversity, Inclusion and Belonging” among the College’s Values. This is consistent with the College’s revised Vision of “Trusted Kinesiologists providing optimal movement for Ontarians of all ages.” • Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number. - Please see the 2025-2030 Strategic Plan Report from the December 2, 2024 Council meeting (pgs. 41-44). 	
		<p>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</p>	<p>Yes</p>
		<p>Additional comments for clarification (optional)</p> <p>The College has, in December 2025, made a presentation to Council regarding collection and analysis of demographic and race-based data (see: December 2025 Council Meeting Materials, pg. 121). With Council’s approval, the College has initiated this project, which will be supported by external resources and expertise as necessary.</p> <p>The College has allocated financial resources towards engaging external consultants and subject matter experts to provide ongoing training to Council. Such training has been provided at the September Council meetings in 2022, 2023 and 2024. Additional external expertise will be sought as required.</p> <p>The College has also allocated human resources to active participation in ongoing working groups relevant to DEI, including a standing EDI Network of the Health Professional Regulators of Ontario (HPRO).</p>	

		<p>b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders, and patients it serves.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number OR please briefly describe how the College conducts Equity Impact Assessments. - Please see the College’s previous (2023) CPMF submission for details regarding how the College conducts Equity Impact Assessments. • If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program, or process) in which Equity Impact Assessments were conducted. - An example from 2025 of how the College has applied an Equity Impact Assessment was the development of a new Policy regarding Fee Waivers and Reductions. This Policy was presented to Council at the September 2025 Council meeting (see Agenda Item 10.c. on pg. 33 of the .pdf) and was approved. The Equity Impact Assessment was used to help ensure that the Policy would be feasible, acceptable to all (the College, its applicants, its registrants and the public, to name 4 groups) and that there would not be any unanticipated effects or consequences associated with the implementation of this Policy. 	<p>Yes</p>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>	
<p><i>Additional comments for clarification (optional)</i></p>				



Measure:

4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.

DOMAIN 2: RESOURCES	STANDARD 4	Required Evidence	College Response				
		<p>a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.</p> <p><u>Further clarification:</u> A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.</p>	The College fulfills this requirement:		Yes		
			<ul style="list-style-type: none"> • Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan AND a link to the most recent approved budget and indicate the page number. - Council recently approved a revised budget for fiscal year 2025-2026 at the December 2025 Council meeting (see pg. 55 of the .pdf). This revised budget was associated with a revised operational plan (see pgs. 42-54 of the .pdf of the December 2025 Council meeting materials) intended to support the College's new 2025-2030 Strategic Plan. - The College also provides Council with a quarterly Dashboard showing progress towards portfolio projects as set out in the operational plan for that fiscal year. Please see pgs. 37-40 of the .pdf of the December 2025 Council meeting for an example of this Dashboard. • Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. - The 2025-2030 Strategic Plan was developed over the course of 2024, with research and consultation including a Council strategic planning workshop that took place June 24-25, 2024. The 2025-2030 Strategic Plan was approved by Council in December of 2024. This 2025-2030 Strategic plan sets out 3 strategic themes, with more specific strategic goals that fall under each theme. The strategic planning process included operational considerations regarding timelines to achieve each of the strategic goals. The College's operational plans for each year, including a revised operational plan for fiscal year 2025-2026, have and will emerge from the strategic plan. The College's budget for each fiscal year emerges from the operational plan. The budgeting process includes projected expenditures and revenues for future fiscal years to aid in long-term planning. The operational plan and budget are reviewed by the College's Planning and Finance Committee and approved by Council. With Council's approval, the operational plan and/or the budget may be amended on an as-needed basis, for example to address new or emerging priorities, issues, opportunities or risks. 				
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>		Choose an item.		
<i>Additional comments for clarification (optional)</i>							

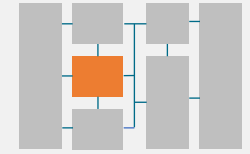
		<p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number. - The College has an internal Reserve Funds Policy that sets out the level(s) of the College’s reserves. • Please insert the most recent date when the “financial reserve policy” has been developed OR reviewed/updated. - Most recent review and approval by Council: September 2024 (see pg. 4 of the .pdf of those Minutes). • Has the financial reserve policy been validated by a financial auditor? Yes 	<p>Met in 2024, continues to meet in 2025</p>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>	
<p><i>Additional comments for clarification (if needed)</i></p>				

		<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes:</p> <p>i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs. - Please see the College’s 2023 CPMF submission for more details. The College notes that the relevant Policies are considered internal/operational in nature and are not posted publicly. - For some additional clarity and context, the College’s By-laws (specifically, By-law 8. The Registrar, see pg. 15 of the .pdf) do include some information regarding senior leadership succession planning. Specifically, Article 8.03 describes the circumstances in which an Acting Registrar may be appointed, and by whom (specifically, the Executive Committee or Council if the position of Registrar was to be vacant, or the Registrar in circumstances where the Registrar may be absent for an extended period of time). - In March of 2025 (see pgs. 4-5 of the Minutes of that meeting), Council reviewed proposed amendments to By-law 8. The Registrar. These amendments included creation of the role of Deputy Registrar. This role was proposed following an environmental scan and careful consideration of the increasing complexity and workload demands placed on College leadership. The role of Deputy Registrar was created to enhance leadership capacity, provide operational support and contribute to the College’s long-term growth and sustainability, including by establishing a clear succession plan to maintain business continuity in the event of unforeseen circumstances. • Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number. - Also as noted in the 2023 CPMF submission, the College’s enterprise risk management plan includes succession planning, orientation of new staff, ongoing training and performance management of existing staff) critical to the risk mitigation strategies for human resources risks and other risks associated with the College’s human resources. - While the entirety of the enterprise risk management plan is not shared publicly, the College does provide the Planning & Finance Committee and Council with quarterly updates (see an example of the risk management dashboard, pgs. 37 of the .pdf) regarding any changes to the risk likelihoods, impacts, priorities and risk mitigation strategies. <p>Note: Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.</p> <ul style="list-style-type: none"> - The College has an operational Human Resources Manual and a suite of operational Human Resources Policies, including those pertaining to the Registrar & CEO. These documents ensure the College has a suitable and adequate staffing complement. Council has, via the Executive Committee, received updates regarding the College’s org chart. - Also, while not explicitly Policies per se, the College’s Risk Management Framework includes: <ul style="list-style-type: none"> ○ The Enterprise Risk Management Plan, which includes Human Resources risks; ○ A Business Continuity Plan; and ○ A Disaster Recovery Plan. 	<p>Yes</p>
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			<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>
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		<p>ii. regularly reviewing and updating the College’s data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> • Please insert a link to the College’s data and technology plan which speaks to improving College processes OR please briefly describe the plan. - The College’s data and technology resources are provided by external third-parties. The College continually monitors, with the support of these parties, emerging and evolving approaches to the use of technology in health profession regulation. - The College’s enterprise risk management plan, business continuity and disaster recovery plans include explicit and specific consideration of information technology risks and events, including cybersecurity threats. The enterprise risk management plan is presented to the Planning & Finance Committee and to Council on a quarterly basis, with any proposed amendments provided in a summary/”dashboard” format. - This information is not generally made public, due to risks that may be associated with explicit disclosure of the College’s cybersecurity/IT security infrastructure and risk mitigation strategies. <p>Specifically, in 2025, the College has:</p> <ul style="list-style-type: none"> - Thoroughly secured the College’s IT infrastructure (website, file storage, administrative portals) to ensure the protection of all systems and data. - Maintenance of the College’s updated website, launched on February 11, 2025, is supported on an ongoing basis by the developer. This maintenance period provides the College with an opportunity to review the website and address any necessary adjustments. - As part of our commitment to continuous improvement and risk mitigation, significant enhancements have been made to the College’s IT security infrastructure. This includes the implementation of premium-level security software and plugins designed to protect the website from potential cyber threats. - Furthermore, additional user security hardening measures have been put in place to further strengthen the internal IT environment, ensuring the security and integrity of College operations. - The College’s cybersecurity and information technology infrastructure, including components that are administered and maintained by third-party providers, remain compliant with applicable industry standards including the Payment Card Industry Data Security Standard (PCI DSS) and other relevant regulatory and cybersecurity requirements and best practices. 	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	

DOMAIN 3: SYSTEM PARTNER



STANDARD 5 and STANDARD 6

<p>Measure / Required evidence: N/A</p>	<p>College response</p> <p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i></p> <p><i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i></p>								
<p>The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p>	<p>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <ul style="list-style-type: none"> <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).</i> <table border="1" data-bbox="701 1039 2628 1437"> <thead> <tr> <th data-bbox="701 1039 1338 1096">Initiative Undertaken</th> <th data-bbox="1338 1039 1972 1096">How engagement has shaped the outcome</th> <th data-bbox="1972 1039 2628 1096">Specific changes implemented at the College</th> </tr> </thead> <tbody> <tr> <td data-bbox="701 1096 1338 1437"> <p>System partnership to raise awareness of the College’s work to protect the public by the regulation of the profession of Kinesiology.</p> </td> <td data-bbox="1338 1096 1972 1437"> <p>The College participated in a large-scale in-person public event hosted by a major system partner in Toronto, Ontario.</p> <p>The event, UHN’s “We Walk UHNited”, was an opportunity to connect with registrants, other health care professionals and members of the public.</p> <p>This event was an opportunity to communicate</p> </td> <td data-bbox="1972 1096 2628 1437"> <p>Initiated review/consideration of the College’s plans for communication.</p> <p>This event was part of the impetus for the development of a 5-year Communication Strategy. This Communication Strategy and its associated implementation plan will facilitate completion of communications-related goals, projects and initiatives set out in the College’s</p> </td> </tr> </tbody> </table>			Initiative Undertaken	How engagement has shaped the outcome	Specific changes implemented at the College	<p>System partnership to raise awareness of the College’s work to protect the public by the regulation of the profession of Kinesiology.</p>	<p>The College participated in a large-scale in-person public event hosted by a major system partner in Toronto, Ontario.</p> <p>The event, UHN’s “We Walk UHNited”, was an opportunity to connect with registrants, other health care professionals and members of the public.</p> <p>This event was an opportunity to communicate</p>	<p>Initiated review/consideration of the College’s plans for communication.</p> <p>This event was part of the impetus for the development of a 5-year Communication Strategy. This Communication Strategy and its associated implementation plan will facilitate completion of communications-related goals, projects and initiatives set out in the College’s</p>
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		the College's standards and the College's expectations in collaborative workplace settings.	Strategic Plan for 2025-2030. A report on this event was provided to Council at the June Council meeting and on the College's eNewsletter and website .
	Increasing clarity regarding regulation of allied health care professions. - Presentation to College of Massage Therapists of Ontario Council (December 2, 2025)	Enhanced communication between regulators where some members are dually-registered. Establishment and maintenance of appropriate connections and lines of communication.	Increased understanding of regulatory mandates, jurisdictions. Stronger connections between regulators, increased opportunities to collaborate.
	Human resources collaborations (formal and informal mentorship programs) with other health professional regulators in Ontario	Participated in informal mentorship conversations/partnerships with staff from other regulators.	College of Kinesiologists of Ontario staff took advantage of an opportunity to reflect on their personal approach to leadership and how to leverage their strengths in the interests of the College. College of Kinesiologists of Ontario staff also participated in reciprocal/mutual mentorship opportunities to build capacity and identify/implement good and best practices. Mentorship and capacity-building for new College of Kinesiologists of Ontario staff in key portfolios including Professional Conduct).
	High-level collaboration with other regulators where there are commonalities in scopes of practice/practice environments.	Facilitated identification of potentially shared/common resources and good or best practices. This engagement enabled and facilitated discussion(s) of how to take a proactive approach to identified and emerging or potential trends in health professional regulation.	Planned and ad hoc meetings and communications between Registrars. Senior staff were kept apprised of circumstances and plans/action items.

	Health Professions Regulators or Ontario (HPRO) Engagements	<p>Active membership and participation in HPRO portfolio-specific committees, working groups.</p> <p>Engagement has helped build and maintain lines of communication and a culture of reciprocity and mutual support among health professional regulators.</p>	Ongoing participation in portfolio specific networks and working groups.
	Professional Associations	<p>Enhanced awareness and understanding of health professional regulation of Kinesiology in Ontario.</p> <p>Identification of potential opportunities for potential collaboration in the future.</p> <p>Facilitated communication with registrants and applicants to build awareness.</p> <p>Reciprocal participation and consultation regarding strategic planning activities.</p>	<p>Clear understanding of professional association activities and goals.</p> <p>Open and transparent lines of communication maintained throughout 2025.</p> <p>The College responded to requests from educators and professional associations outside of Ontario regarding the potential for resource and knowledge sharing about the College's regulatory framework.</p>
	Educators (COKO – Universities Liaisons Committee)	Maintained ongoing relationships with educators and university programs in Ontario in the public interest.	<p>Ongoing meetings with the COKO – Universities Liaisons Committee, including specific meetings and focus groups regarding major projects such as the review of the College's <i>Essential Competencies of Practice for Kinesiologists in Ontario</i>.</p> <p>Consultation with educators regarding the development of a COKO Communications Strategy and Implementation Plan.</p> <p>Ongoing consultations with educators regarding entry-to-practice examination trends and patterns.</p>

Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.

The intent of Standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is asked to provide information by system partners, or where the College proactively seeks information in a timely manner.

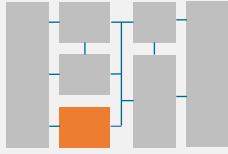
- *Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic, mental health, labor mobility etc.). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.*

Issue/Achievement	System Partner(s) Engaged	Discussions with System Partners	Use of Information Received
Sexual Abuse of Patients/Clients	Other regulators Subject Matter Experts	COKO staff attended, as an observer, a virtual webinar hosted by the College of Massage Therapists of Ontario regarding sexual abuse.	Information noted, shared internally with COKO leadership team. Information will help inform ongoing review of COKO policies, standards of practice and practice guidelines intended to eliminate and prevent the sexual abuse of patients/clients by kinesiologists.
Domestic Violence	Office of the Chief Coroner (specifically: the Domestic Violence Death Review Committee – DVDRC) Other regulatory Colleges Subject Matter Experts (individuals and organizations)	COKO was one of several health professional regulatory Colleges that received a letter containing Recommendations from the DVDRC to raise awareness of issues pertaining to intimate partner violence and intimate partner homicide. Beginning in late-2025, COKO supported the initiation of a collaborative working group of these regulatory bodies.	The goal of this collaborative project is to facilitate implementation the DVDRC’s Recommendations using a virtual webinar panel discussion. Resources and information will be provided to registrants of all Colleges. This project will be completed in 2026.

	<p>Infection Prevention and Control</p>	<p>Ministry of Health (Infection Control unit)</p> <p>Other health professional regulators</p> <p>Public Health Ontario</p>	<p>Series of virtual meetings to discuss emerging and ongoing trends in infection prevention and control in Ontario.</p> <p>Meetings have continued throughout 2025.</p>	<p>Information received during these briefings used to provide information and resources to members of the College to enhance IPAC practices in the public interest.</p> <p>In January 2025, the College provided registrants with information regarding Public Health Ontario's Ontario Respiratory Virus Tool, to help registrants conduct risk assessments regarding seasonal respiratory viruses.</p> <p>In May 2025, the College provided, via its eNewsletter, an update regarding increasing prevalence of measles in Ontario. This information was shared to help registrants understand and mitigate public risks associated with transmissible diseases.</p> <p>In August 2025, the College shared information regarding Public Health Ontario Infection Prevention and Control learning resources. This information was shared via the College's eNewsletter, which contained a link to the relevant PHO website.</p>
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	Health Human Resources	<p>Canadian Institute for Health Information (CIHI)</p> <p>Ontario Health Digital Services</p> <p>Professional Associations</p>	<p>The College had discussions in 2024 and into 2025 with CIHI regarding how kinesiology may be integrated into their data tracking. These discussions emerged from communication between the College and professional associations.</p> <p>The College has also had discussions with representatives from Ontario Health Digital Services regarding enhanced integration of the College's data into the Provincial Provider Registry.</p>	<p>COKO has been informed that CIHI has included data regarding kinesiologists in its health care professional data collection.</p> <p>Information gathered by CIHI will help create high-level aggregate data regarding the total number of practitioners, their genders, age and the average practitioner age.</p> <p>Regarding the provincial provider registry, this registry provides comprehensive provider profiles. There have been ongoing discussions regarding enhancing links between the Provincial Provider Registry, the Professional Associations and the College's member database to ensure that up-to-date information is included in the Provincial Provider Registry. Work has begun on a project that would support such integration.</p>
	Health Human Resources & Labour Mobility	Ontario Ministry of Health	<p>Reviewed a request for consultation regarding proposed "As of Right" legislation, which would allow interjurisdictional practitioners to practice in Ontario for up to 6 months while awaiting registration with the applicable College in Ontario.</p>	<p>Provided a comprehensive response in support of proposed "As of Right" legislation.</p> <p>Suggested a collaborative policy approach that includes consideration of access to safe and effective preventative care.</p>
		Educators and students in other	The College has been open to	This supports health human

		jurisdictions	requests from educators in provinces in Canada where Kinesiology is not regulated to provide information sessions to students in those provinces regarding the College and its mandate.	resources and labour mobility by informing students from outside Ontario about the existence and mandate of the College, including providing some information regarding the College’s application, registration and professional practice portfolios.
<ul style="list-style-type: none"> • <i>In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).</i> - The College identifies system partners through a variety of means, including: <ul style="list-style-type: none"> ○ Awareness of the responsible bodies for legislation and regulations that may intersect with the College’s activities (for example, the Information Privacy Commissioner of Ontario, whose mandate includes responsibility for privacy legislation and protection personal health information in Ontario). ○ Requests for information from the College (for example, system partners may reach out to the College for information regarding its requirements, expectations, legislation/regulations, Practice Standards, etc.). ○ A system partner being brought to the College’s attention by one or more Professional Associations. ○ Member reporting (for example, as part of Registration and Annual Renewal, members are required to indicate their practice location/employer). This information could be used to identify employers as system partners. ○ Other regulators and associations/alliances that support regulators. Some examples may include the Canadian Network of Agencies of Regulation (CNAR), the Council on Licensure, Enforcement and Regulation (CLEAR) and the Health Professions Regulators of Ontario (HPRO). ○ General awareness and environmental scans of relevant alliances, associations and other organizations relevant to the College’s members and the profession. One example is the Rehab Care Alliance (RCA), which is an interdisciplinary rehabilitation-focused organization that, as per its website: “works with partners across the province to strengthen and standardize rehabilitative care through better planning, ongoing evaluation and quality improvement, and the integration of best practices across the care continuum.” 				



Measure:

7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.

DOMAIN 4: INFORMATION MANAGEMENT

STANDARD 7

Required Evidence

a. The College demonstrates how it:
 i. uses policies and processes to govern the disclosure of, and requests for information;

College Response

The College fulfills this requirement:

Yes

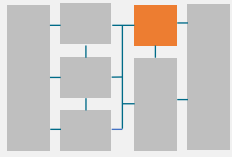
- Please insert a link to policies and processes **OR** please briefly describe the respective policies and processes that addresses disclosure and requests for information.
- **The College's Privacy Code was reviewed, with some amendments made, in early 2025. The revised Privacy Code was duly approved by Council at the [College's March 2025 meeting](#) (see pg. 5 of the .pdf of the Minutes of that meeting).**
- **[The approved Privacy Code is posted to the College's website.](#)**

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?

Choose an item.

Additional comments for clarification (optional)

		<p>ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and</p> <p>iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to policies and processes OR please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. - The College’s Enterprise Risk Management Plan and associated Business Continuity Plan and Disaster Recovery Plan include consideration of and risk strategies to address various cybersecurity risks, including but not limited to unauthorized disclosure of information due to cybersecurity incidents. These plans also include consideration of risks associated with other forms of unauthorized disclosure of information. The College also has portfolio-specific Business Continuity Plans and Disaster Recovery Plans that take various events and scenarios into consideration. These plans include practices and processes to address accidental or unauthorized disclosure of information, whether due to cybersecurity incident or some other unauthorized disclosure of information. The College’s risk management framework is reviewed on a quarterly basis, with updates presented to the Planning & Finance Committee. An overview is presented to Council at each scheduled Council meeting. - The College’s Privacy Code sets out, at a Policy level, the practices and process that the College uses to address accidental and/or unauthorized disclosure of information. - In addition, the College requires that all staff, Council members, Committee members and other representatives (such as Peer Assessors associated with the College’s Quality assurance program) review and sign annual confidentiality declarations (see the College’s Quality Assurance – Confidentiality Policy as an example of how this is documented at a Policy level). 	<p>Yes</p>
<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>				



Measure:

8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).

DOMAIN 5: REGULATORY POLICIES

STANDARD 8

Required Evidence

a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.

Benchmarked Evidence

College Response

The College fulfills this requirement:

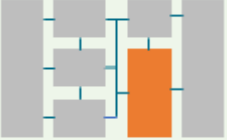
Met in 2024, continues to meet in 2025

- Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) **OR** please briefly describe the College’s evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved).
- Please see the College’s [Policy and Material Development and Review Framework](#). Specifically, information regarding Policy, Practice Standard, Practice Guideline and other material review timelines can be found on pgs. 5-6 of the .pdf).
- Other information regarding how reviews are conducted can be found in the various sections of the Framework, which is arranged as a multi-step process.
- In [March 2025](#) (see pg. 6 of the Minutes), Council was provided a 3-year Policy review schedule, to which the College will adhere. This schedule was based on the timelines established in the Policy and Material Development and Review Framework. This schedule may be amended should a particular policy need to be prioritized in unforeseen circumstances.

If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.

	<p>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <ul style="list-style-type: none"> i. evidence and data; ii. the risk posed to patients / the public; iii. the current practice environment; iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap); v. expectations of the public; and vi. stakeholder views and feedback. <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) OR please briefly describe the College’s development and amendment process. - The College’s approach to consideration of the 6 listed components when developing or amending policies, standards and practice guidelines can be found in the College’s Policy and Material Development and Review Framework. <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	<p>Yes</p>
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		<p>c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> • Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. - As stated in the College's Policy and Material Development and Review Framework (pg. 7 of the .pdf): "The College of Kinesiologists is committed to the principles of accessibility, reasonable accommodation, equity, diversity, inclusion and anti-bias (EDI-B). An EDI-B lens (which may include an Equity Impact Assessment) will be applied to all materials developed and published by the College." • Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. - As part of the development of the College's new Strategic Plan for 2025-2030, a revised Mission, Vision and Values for the College were approved by Council in December 2024. Among the amendments are the inclusion of "Equity, Diversity, Inclusion and Belonging" in the Values. This is intended to explicitly reflect the College's ongoing commitment to the principles of equity, diversity and inclusion." - A previous CPMF submission provided some specific examples of how Diversity, Equity and Inclusion are integrated into the College's policies, practice standards and practice guidelines. - One specific example from 2025 was the development of a Policy regarding Fee Waivers and Reductions. This Policy was developed in conjunction with an amendment to the College's by-laws (specifically By-law 19 – Fees) that, as of June 2025 (see pg. 4 of the Minutes of the June 2025 Council meeting), now explicitly permits a fee to be waived or reduced. The associated Policy included consideration of equity, diversity, inclusion and reasonable accommodation in the decision-making process regarding requests/applications for a fee waiver or reduction. This Policy was approved by Council at its September 2025 meeting. 		
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>		

		Measure: 9.1 Applicants meet all College requirements before they are able to practice.	
		Required Evidence	College Response
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 9	<p>a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)¹.</p>	<p>The College fulfills this requirement:</p> <p style="text-align: right;">Met in 2024, continues to meet in 2025</p> <ul style="list-style-type: none"> • Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number OR please briefly describe in a few words the processes and checks that are carried out. - The College’s Required Documents Policy (which was most recently reviewed, updated and approved by Council in September 2024), Language Proficiency Policy (which was most recently reviewed, updated and approved by Council in March 2024), the Professional Liability Insurance (PLI) Policy and the Good Conduct Policy all describe the specifics regarding acceptable documentation. - Verification and validation of documents is supported by reference documents available for staff, an internal annual PLI audit, connections with external resources/groups to ensure awareness of and alignment with best practices in documentation review, verification and validation. The College also ensures that documents come from the required source (i.e. transcripts directly from the issuing educational institution either in sealed envelope or via electronic file transfer). • Please insert a link and indicate the page number OR please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.). - As part of the application process, applicants are required to declare their registration with any other regulatory body/bodies. These declarations are included in the College’s application and renewal forms. Applicants who declare registration with another regulatory body or other regulatory bodies are required to provide a letter or letters of standing or similar documentation from that other regulatory body or those other regulatory bodies, as the case may be.

¹ This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	
		<p>b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> • Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers OR please briefly describe the process and checks that are carried out. - The College has several policies and procedures regarding its Registration portfolio (please see the “Registration” sub-menu under the “Policies” menu). These policies include the College’s policies that govern the processes for assessment of whether an applicant meets registration requirements. These policies may themselves be reviewed and, as necessary, revised, in accordance with the College’s Policy and Material Development and Review Framework. This Framework includes processes by which best practices in applicant assessment may be identified. Some examples may include, but are not limited to, subject matter expert consultation, review of relevant legislation, collaboration and consultation with other regulators, or by other means, such as primary literature review. - For applicants who completed their education outside Canada, the College accepts credential evaluation reports prepared by World Education Services (WES) to support verification of academic credentials. WES provides an independent assessment of the authenticity and Canadian equivalency of international educational credentials. The College reviews the WES report as part of its assessment of the applicant’s qualifications; however, the College retains responsibility for determining whether the applicant’s education meets the requirements for registration. - The College develops and maintains full control over examination and jurisprudence content, while a third-party vendor administers the examination and the Jurisprudence course. - The College retains full responsibility for all registration decisions and ensures that third-party activities align with the principles of transparency, objectivity, impartiality, and fairness through formal agreements, performance monitoring, and ongoing oversight. - To strengthen accountability, the College has implemented the following measures: - 1. Formal Service Agreements with Legal Oversight The College maintains formal legal agreements with third-party providers that clearly outline roles, responsibilities, service standards, and reporting requirements. Agreements include provisions related to data protection, service expectations, and corrective action where necessary. Contracts are periodically reviewed with the support of legal specialists to ensure continued compliance with the RHPA, 1991 and related regulatory obligations. - 2. Examination Governance and Oversight The College develops and maintains all examination and jurisprudence content and oversees examination outcomes. Examination results, including pass and fail rates, are reviewed on an ongoing basis. Aggregate examination performance trends are shared with educational institutions to support collaboration on 	

curriculum alignment and initiatives that strengthen applicant readiness for registration requirements.

- **3. Vendor Performance Monitoring and Engagement**
The College monitors the performance of the third-party examination vendor against established service-level expectations, including timelines for scheduling, administration, and reporting of results. The College meets regularly with the vendor to review operational performance, examination integrity measures, and emerging protocols or innovations that may enhance security, accessibility, and the applicant experience.
- **4. Accessibility, Integrity, and Operational Readiness**
The College works with the examination vendor to support accessible examination delivery, including clear accommodation processes and review of testing platform accessibility features. These measures are implemented in a manner that maintains the integrity and security of the examination. During high-volume examination periods, the College ensures adequate staffing resources are available to respond promptly to applicant inquiries and provide timely support and works with the vendor to confirm that their staff and expertise meet the requirements outlined in the service agreement.
- **5. Applicant Information, Support, and Issue Escalation**
The College provides applicants with information sessions, guidance materials, and multiple communication channels to help them understand examination requirements and available supports. Applicants may contact the College directly to seek assistance or raise service-related concerns. The College reviews such matters and works with the vendor promptly to investigate and address issues where appropriate.
- **6. Data Monitoring and Continuous Improvement**
The College reviews operational data related to third-party services, including examination outcomes, processing timelines, and applicant feedback, to identify potential barriers and opportunities for improvement. These insights inform ongoing enhancements to registration processes, applicant preparation supports, and vendor oversight practices.

- Through these measures, the College maintains active oversight of third-party service providers and ensures that accountability for registration practices remains with the College.

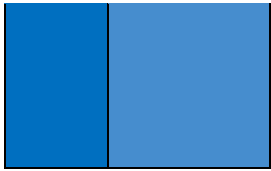
- Please provide the date when the criteria to assess registration requirements was last reviewed and updated.
- In 2024, the Registration Required Documents Policy and Language Proficiency Policy were reviewed by the College.
- The Required Documents Policy review was a best practice review, and no substantive changes or amendments were required. This Policy was reviewed and approved by Council at the [September 2024 Council meeting](#) (see pg. 3 of the .pdf).
- The Language Proficiency Policy was reviewed to ensure alignment with language proficiency requirements under immigration legislation, and amendments to the Policy were made accordingly. These amendments were reviewed and approved by Council at the [March 2024 Council meeting](#) (see pgs. 5-6 of the .pdf).

If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?

Yes

			<p><i>Additional comments for clarification (optional)</i></p> <p>In September 2025, the College engaged an external third-party consultant to support and facilitate a review of the College’s Educational Equivalency Evaluation Review Framework (EEERF). The EEERF is used to assist the Registration Committee in making decisions regarding eligibility of applicants educated outside Ontario to challenge the entry-to-practice examination. More specifically, the EEERF helps to establish the criteria that must be met for an educational program to be considered ‘substantially equivalent’ to a four-year University degree in Kinesiology at an Ontario University.</p>
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Measure: 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.		
c. A risk-based approach is used to ensure that currency ² and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	The College fulfills this requirement:	Yes
	<ul style="list-style-type: none"> • Please briefly describe the currency and competency requirements registrants are required to meet. - Currency: the General Regulation (O.Reg. 401/12 under the Kinesiology Act, 2007) requires that members of the College holding a Certificate of Registration in the General Class are required to practice the profession for at least 1,500 hours during every three-year period beginning on the first September 1 following issuance of the General Class Certificate of Registration. Each following three-year period begins on the first anniversary of the commencement of the previous three-year period. - Competency: Also as per the General Regulation (O.Reg. 401/12), applicants and registrants must have graduated from a program in kinesiology that was offered at the bachelor level at an Ontario university and which was not less than four years in duration, or have successfully completed a program which a panel of the Registration Committee considers to be substantially equivalent. - Competency: O.Reg. 401/12 also requires that applicants (except those applying for an Emergency Class certificate of registration) are required to successfully complete the College’s Entry-to-Practice Examination. Applicants for the Emergency Class certificate of registration who have failed the Entry-to-Practice Examination on their third attempt at the examination are not eligible to receive such a certificate of registration, unless they have successfully completed another satisfactory education program. The Entry-to-Practice Examination is based on the Kinesiologist Core Competency Profile. • Please briefly describe how the College identified currency and competency requirements. - The currency and competency requirements were initially identified as part of the development of the <i>Kinesiology Act, 2007</i> and its associated Regulations. • Please provide the date when currency and competency requirements were last reviewed and updated. - The currency and competency requirements as set out in regulation (O.Reg. 401/12) were last updated in 2023. This update was associated with the creation of the Emergency Class Certificate of Registration. - In March 2024 (see pg. 6 of the .pdf), Council reviewed and approved proposed revisions to the Kinesiologist Core Competency Profile and Entry-to-Practice Examination Blueprint. These updated documents will impact the various elements of competency assessment, such as assessment of educational equivalency and the specific content of the Entry-to-Practice Examination. • Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done. - As part of the annual renewal process, members are required to declare whether they have met the currency requirement set out in the College’s General Regulation (O.Reg. 401/12 under the <i>Kinesiology Act, 2007</i>). Members who are identified as not having met the currency requirements are selected for Peer and Practice Assessment. - Competency is assessed on an ongoing basis by the College’s Quality Assurance portfolio. Specifically, all members are required to complete a Self-Assessment every 2 years, including developing individual learning goals and documenting associated specific learning activities to achieve these goals. The College also assesses member competency using the Peer and Practice Assessment. Members may be selected for a number of specified reasons, including random selection. 	
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	



Additional comments for clarification (optional)

² A 'currency requirement' is a requirement for recent experience that demonstrates that a member's skills or related work experience is up to date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g., during renewal of a certificate of registration, or at any other time).

Measure:				
9.3 Registration practices are transparent, objective, impartial, and fair.				
		a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement:	Met in 2024, continues to meet in 2025
		<ul style="list-style-type: none"> • Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report. - College of Kinesiologists of Ontario Fair Registration Practices Report for 2024 - The 2025 OFC report will be submitted by the end of March 2026 and will be posted to the College’s website once the submission has been reviewed and released by the OFC. • Where an action plan was issued, is it: No Action Plan Issued 		
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
		Additional comments for clarification (if needed)		

Measure:

10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.

Required Evidence

College Response

a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).

Further clarification:

Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.

The College fulfills this requirement:

Met in 2024, continues to meet in 2025

- Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard:
 - Name of Standard [Code of Ethics](#)
 - Duration of period that support was provided **Ongoing since 2017**
 - Activities undertaken to support registrants

The College supports member understanding and application of the Code of Ethics, and many of its other Practice Standards and Guidelines, via a mandatory learning module that pertains to Ethics and Professionalism. This module helps kinesiologists understand how to apply the College’s Code of Ethics and the associated model for ethical decision making in their practice. All members of the College are required to complete this module at least once while they are members of the College. The module is divided into two sections: Ethical Foundations and Principles and Principles of Ethical Conduct. The module also requires members to complete a quiz at the end of the module. Aggregate data from the quiz appeared to indicate that members take a higher-than expected number of attempts to successfully respond to certain questions. This was taken as an opportunity to review and, where necessary, revise the module and quiz. In addition, review of and revisions to the College’s Practice Standards supported the goal of reviewing the module to ensure that it remains accurate and aligned with the current Practice Standards.

 - % of registrants reached/participated by each activity **100%**
 - Evaluation conducted on effectiveness of support provided

The module includes a feedback survey, aggregate data from which may be reviewed by the College. Data from the survey indicates the following:

96% of members agree that “the module is relevant to a variety of kinesiology settings and reflects my practice area”

97% of members agree that “the module helped me better understand the Code of Ethics, practice standards and the Essential Competencies of Practice for Kinesiologists in Ontario.

95% of members agree that “the instructions were clear, and the online platform was user-friendly”.

90% of members agree that “the module helped me identify areas for improvement”.

The College also evaluated the impact of the review and revision on the number of responses required to correctly answer each Quiz question (the target is < 1.5 responses per question). Decreases in number of attempts per question were noted for all questions that had been identified as being above the target number of responses per question.
- Does the College always provide this level of support: **Yes**
If not, please provide a brief explanation:
The College publishes supplemental material, including webinars, invitational presentations, ad hoc learning modules, social media outreach and provides additional guidance (such as eLearning modules) to registrants on an as-needed basis, where a Practice Standard is identified as being associated with higher-

			<p>risk areas of practice or where there is evidence that understanding of the Practice Standard may be incomplete. Such issues may be identified through the College's Professional Conduct portfolio, Practice Advice service or reporting of aggregate data through the College's Quality Assurance portfolio.</p>
<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>
<p><i>Additional comments for clarification (optional)</i></p> <p>In addition, the College's website was updated in early 2025 (project completion: February 2025, as noted in the College's eNewsletter). The updated website included a revised and refreshed Practice Standards, Guidelines and other resources section. Specific pages pertaining to each of the College's Practice Standards were created to provide an overview of the Standard in question. This overview includes:</p> <ul style="list-style-type: none"> - A summary description of the Practice Standard or Guideline, including links to the Standard or Guideline in both English and French - A list of relevant Performance Indicators and Practice Illustrations from the <i>Essential Competencies of Practice for Kinesiologists in Ontario</i> - A list of any relevant Practice Guidelines - A list of relevant other resources (such as practice advice articles or webinars/videos posted on the College's website) - A feedback form and College contact information to facilitate questions being directed to the appropriate College staff/resource. 			

Measure: 10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation ³ .		
<p>a. The College has processes and policies in place outlining:</p> <p>i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;</p>	<p>The College fulfills this requirement:</p>	Partially
	<ul style="list-style-type: none"> • Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found and indicate the page number. - As described in more detail in previous CPMF submissions (pg. 61 of the .pdf), the College's priority areas of focus for QA assessment were identified as part of the Peer and Practice Assessment development process. - To summarize, the Essential Competencies of Practice for Kinesiologists in Ontario are divided into five Units, 45 Competencies and 301 Performance Indicators. The Essential Competencies were evaluated by focus groups of College members, with one focus group composed of members in clinical practice and the other including members in non-clinical practice. These focus groups were facilitated by a third-party consulting firm. The results of the focus groups were used to identify the competencies to be assessed for clinical and non-clinical practice, respectively. - The College's Self-Assessment, another component of the QA portfolio, asks registrants to reflect on and evaluate their level of understanding of and ability to apply the College's Practice Standards and Guidelines, as well as the Essential Competencies of Practice for Kinesiologists in Ontario. Aggregate Self-Assessment data may be used to inform future changes to the Peer and Practice Assessment, as it may support identification of areas or types of practice that may be higher or lower risk. - Also, aggregate Peer and Practice Assessment data may be used to further inform a risk-based/right-touch approach to identifying areas of focus for the Peer and Practice Assessment. • Is the process taken above for identifying priority areas codified in a policy: No • <i>If yes, please insert link to the policy.</i> 	
	<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	Yes
<p><i>Additional comments for clarification (optional)</i></p> <p>The College has initiated a review and validation of the Essential Competencies of Practice for Kinesiologists in Ontario. This review and validation, which will be supported by an external third-party consultant, began in Q2-Q3 of Fiscal Year 2024-2025 and has continued, to be concluded in late mid-2026 depending on circumstances. This project will include recommendations for potential opportunities to refine the College's QA program for ongoing alignment with the principle of risk-based, right-touch regulation.</p>		

³“Right touch” regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

		<p>ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s). OR please briefly describe right touch approach and evidence used. Quality Assurance – Self-Assessment General Requirements Policy Quality Assurance – Peer and Practice Assessment General Requirements Policy Quality Assurance – Continuing Professional Development Policy Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable). 2022 ongoing in 2025 <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> Public No Employers No Registrants Yes other stakeholders Yes 	Met in 2024, continues to meet in 2025
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			Yes	
<p><i>Additional comments for clarification (optional)</i> The College is committed to continuous improvement and ensuring that it fully incorporates the principles of right-touch regulation. The College will continue to monitor the following and may review and revise its assessment selection criteria accordingly: <ul style="list-style-type: none"> Aggregate results of Quality Assurance activity participation by kinesiologists; Professional Conduct matters that have come to the College’s attention; and Issues associated with public risk, whether they are or may be specific to the College and its registrants or more generally applicable to the regulation of health professions in Ontario. </p>				
		<p>iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number OR list criteria. Quality Assurance – Peer and Practice Assessment General Requirements Policy (pg. 5, “Reporting, review and notice – unsatisfactory PPA Reports” items 30-34) Competency Enhancement Policy (see pgs. 1-7) Mentorship Program – Information Package (see pg. 3 of the .pdf for an overview, see pgs. 6-8 for more specifics regarding member responsibilities and learning plan development). 	Met in 2024, continues to meet in 2025
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			Choose an item.	

		<i>Additional comments for clarification (optional)</i>	
Measure: 10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.			
	<p>a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the College’s process for monitoring whether registrants complete remediation activities OR please briefly describe the process. • Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR please briefly describe the process. <p>Note: the following describes both the College’s process for monitoring completion and the process(es) for determining whether a registrant has demonstrated the required knowledge, skills and judgement following remediation.</p> <p>Registration: For clarity, where remediation may be ordered by the Registration Committee or a panel thereof, tracking and determination of completion and knowledge, skill and judgement may be the responsibility of the Registrar (who may assign duties to College staff) or the Committee, depending on the specific nature of the remediation activity required and on any requirements set out in legislation (for example, the Health Professions Procedural Code). The College’s relevant policies include: Reinstatement to the General Class After Administrative Revocation (see articles 2 and 3 of the policy, pgs. 2-3 of the .pdf) Reissuance of General Class Certificate of Registration (see articles 5 and 6, pgs. 2-3 of the .pdf and articles 7 and 10, pg. 3 of the .pdf).</p> <p>Quality Assurance: Completion of remediation directed by the Quality Assurance Committee or a panel thereof may be monitored by the Registrar (with specific responsibility assigned to College staff). One mechanism to monitor effectiveness of remediation may be ordering a second Peer and Practice Assessment. The College’s relevant policies include: Competency Enhancement Policy (see articles 7-15 of the Policy, pgs. 2-3 of the .pdf; also note that the Policy describes the process by which a second PPA may be ordered by the Quality Assurance Committee) Mentorship Information Package (pgs. 7-8 provide more details and specifics regarding monitoring of the mentorship and learning plan evaluation)</p> <p>Professional Conduct: - The College follows the requirements of legislation.</p>	<p>Yes</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>

			<i>Additional comments for clarification (if needed)</i>
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Measure 11.1

The College enables and supports anyone who raises a concern about a registrant.

Required Evidence	College Response	
<p>a. The different stages of the complaints process and all relevant supports available to complainants are:</p> <p>i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up;</p> <p>ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g., funding for sexual abuse therapy); and;</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant. <ul style="list-style-type: none"> - Concerns & Complaints – kinesiologists: includes steps in complaints process, as well as FAQ for potential complainants. - The Discipline Process – kinesiologists: includes information regarding the Discipline process - The Fitness to Practice Process – kinesiologists: includes information regarding the Fitness to Practice process • Please insert a link to the policies/procedures for ensuring all relevant information is received during intake OR please briefly describe the policies and procedures if the documents are not publicly accessible. <ul style="list-style-type: none"> - Complaints Form: This online form provides support and convenience for anyone who raises a concern about a registrant. However, this form is not a requirement to submit a complaint. Complaints are required to be in a permanent form. - The College ensures that its complaints intake process is fully compliant with the requirements of the <i>Regulated Health Professions Act, 1991 (RHPA)</i> and Schedule 2 to the <i>RHPA, 1991, the Health Professions Procedural Code.</i> 	<p>Yes</p>
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
	<p><i>Additional comments for clarification (optional)</i></p>	

		<p>iii. evaluated by the College to ensure the information provided to complainants is clear and useful.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. <ul style="list-style-type: none"> Complainants are given an opportunity to ask questions about the process and seek clarification at various points during the intake phase. 	
			<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	
		<p>b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2024, continues to meet in 2025</p>
			<p>Please insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>).</p> <p>All inquiries from the public that the college in 2025 received a detailed response within 5 business days (100% response within 5 business days). All timelines set out in the Regulated Health Professions Act, 1991 (RHPA, 1991) and the Health Professions Procedural Code (Schedule 2 to the RHPA, 1991) are complied with. The current policy regarding follow-up and response timelines is described in the College’s Client Service Policy. Other follow-up timelines can be found on the College’s website (in the FAQ section at the bottom of the page).</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	

	<p>c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2024, continues to meet in 2025</p>
		<ul style="list-style-type: none"> • Please list supports available for the public during the complaints process. <ul style="list-style-type: none"> - Members of the public or others making a complaint or report are provided with direct support from the assigned College investigator who is available via phone or email as a resource, including for questions related to the process or potential outcomes. - The College’s website has resources, including an FAQ section which provides information regarding how long the process may take, who makes decisions regarding the disposition of a complaint or report and how to appeal a decision. - Specific information is provided to members of the public in the form of a Complaint Confirmation Letter. The letter describes the decisions that can be made, the extent to which decisions will appear on the Public Register, and any limitations (such as stating that the ICRC may not direct a member to pay money or make a refund). • Please briefly describe at what points during the complaints process that complainants are made aware of supports available. <ul style="list-style-type: none"> - Complainants are made aware of available support and related information upon making contact with the assigned college investigator. Supports may be reviewed and accessed by the complainant throughout the complaints process on an as-needed basis. 	
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	
<p>Measure: 11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.</p>			
	<p>a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> • Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) OR please provide a brief description. <ul style="list-style-type: none"> - Once the complaint is confirmed, the Complaint Confirmation Letter serves to accurately summarize the specific issues that require investigation by the college as well as a response from the registrant. The letter also provides an overview of the process and the timelines. Both the complainant and the registrant are provided with the contact information of the college staff or investigator that is facilitating the case, and this person is available to answer any process-related questions at any time from either party. • Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) OR please provide a brief description. <ul style="list-style-type: none"> - Both the complainant and the registrant are updated at key milestones in the complaints process including the deadlines for written responses as well as 	

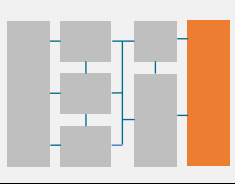
the date of the ICRC meeting where the case will be discussed. In the unlikely event that the case should extend beyond 150 days from the date that the complaint was confirmed by the complainant, a delay letter is sent to both parties explaining the reason for the delay. No delay letters were required during the reporting period.

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?

Choose an item.

			<i>Additional comments for clarification (optional)</i>	
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	Measure: 12.1 The College addresses complaints in a right touch manner.		
		a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement: <ul style="list-style-type: none"> Please insert a link to guidance document and indicate the page number OR please briefly describe the framework and how it is being applied. <ul style="list-style-type: none"> The first step of intake is assessment of the complaint or report through the lens of the College’s jurisdiction and mandate. The College has interpretive tools which are intended to explain the process to the public and to the College registrant. This information can be found on the “Concerns and Complaints” page of the College’s website. The College assesses risk on intake using a three-point risk matrix as follows: 1 – Low, 2 – Medium, 3 – High. This risk value is assigned on intake and updated after the member response and before the matter appears before the ICRC. Risk levels are used to prioritize case investigations and scheduling for ICRC meetings. There is currently no formal decision matrix or triage protocol. All complaints, reports and investigations conducted in the calendar year were completed within established statutory timelines. Please provide the year when it was implemented OR evaluated/updated (if applicable). 	Met in 2024, continues to meet in 2025
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Yes
		<i>Additional comments for clarification (optional)</i> In November 2025, the College undertook a review of its risk assessment framework for professional conduct matters (including inquiries, complaints and reports). This will be presented and reviewed by the Inquiries, Complaints and Reports Committee in early (January) 2026. A more detailed report will be included in the 2026 CPMF as the revised risk assessment framework is implemented.		

<p>Measure:</p> <p>13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).</p>		
<p>a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2024, continues to meet in 2025</p>
	<ul style="list-style-type: none"> • Please insert a link to the policy and indicate page number OR please briefly describe the policy. <ul style="list-style-type: none"> - The College maintains and abides by an internal Privacy Code. With regards to information that may have been requested, or where proactive sharing of such information may be considered, the College abides by the Confidentiality provisions set out in s. 36(1) (and associated subsections and clauses) of the Regulated Health Professions Act, 1991. The College responds to requests for information pertaining to an applicant or a member in keeping with this legislation. - The College’s Good Conduct Policy (see “Decisions by the committees” on pg. 3 of the .pdf) states that “[b]oth committees may also direct the Registrar to disclose the information to another relevant body, such as another regulator, should the seriousness of the applicant’s or member’s conduct warrant it.” - The College maintains its Public Register in keeping with the requirements set out in s. 23 of the Health Professions Procedural Code. The Public Register is accessible through the College’s website • Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as ‘hospital’, or ‘long-term care home’). <ul style="list-style-type: none"> - Over the past year, the College has shared information with one other regulator regarding members who are registered with the College and the other regulator in question. Specifically, information was shared between the College of Kinesiologists of Ontario and the College of Massage Therapists of Ontario (CMTO). 	
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
<p><i>Additional comments for clarification (if needed)</i></p>		

		Measure: 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.			
		Required Evidence	College Response		
DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT	STANDARD 14	a. Outline the College’s KPIs, including a clear rationale for why each is important.	The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> <ul style="list-style-type: none"> • Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection. - KPIs are developed in accordance with the College’s strategic plan. The College’s current Strategic Plan for 2025-2030 was approved by Council in December 2025 and can be found on the College’s website. A summary report is included in the meeting materials for the relevant Council meeting (pgs. 41-43). - The College’s KPIs are included in the operational plan for each fiscal year (the most recent operational plan was approved by Council at the December 2025 meeting, and can be found on pgs. 42-54 of the .pdf of the meeting materials for that Council meeting). - The operational plan links the College’s strategic themes and goals set out in the strategic plan to more specific operational goals. Progress towards goal achievement (and therefore fulfilment of the strategic plan) can be measured by the KPIs included in the operational plan. </td> <td style="width: 20%; padding: 5px; text-align: center;"> Met in 2024, continues to meet in 2025 </td> </tr> </table>	<ul style="list-style-type: none"> • Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection. - KPIs are developed in accordance with the College’s strategic plan. The College’s current Strategic Plan for 2025-2030 was approved by Council in December 2025 and can be found on the College’s website. A summary report is included in the meeting materials for the relevant Council meeting (pgs. 41-43). - The College’s KPIs are included in the operational plan for each fiscal year (the most recent operational plan was approved by Council at the December 2025 meeting, and can be found on pgs. 42-54 of the .pdf of the meeting materials for that Council meeting). - The operational plan links the College’s strategic themes and goals set out in the strategic plan to more specific operational goals. Progress towards goal achievement (and therefore fulfilment of the strategic plan) can be measured by the KPIs included in the operational plan. 	Met in 2024, continues to meet in 2025
		<ul style="list-style-type: none"> • Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection. - KPIs are developed in accordance with the College’s strategic plan. The College’s current Strategic Plan for 2025-2030 was approved by Council in December 2025 and can be found on the College’s website. A summary report is included in the meeting materials for the relevant Council meeting (pgs. 41-43). - The College’s KPIs are included in the operational plan for each fiscal year (the most recent operational plan was approved by Council at the December 2025 meeting, and can be found on pgs. 42-54 of the .pdf of the meeting materials for that Council meeting). - The operational plan links the College’s strategic themes and goals set out in the strategic plan to more specific operational goals. Progress towards goal achievement (and therefore fulfilment of the strategic plan) can be measured by the KPIs included in the operational plan. 	Met in 2024, continues to meet in 2025		
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.				

			<i>Additional comments for clarification (if needed)</i>								
		<p>b. The College regularly reports to Council on its performance and risk review against:</p> <p>i. stated strategic objectives (i.e., the objectives set out in a College’s strategic plan);</p> <p>ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and</p> <p>iii. its risk management approach.</p>	<table border="1"> <tr> <td data-bbox="758 316 2136 373">The College fulfills this requirement:</td> <td data-bbox="2136 316 2569 373">Met in 2023, continues to meet in 2024</td> </tr> <tr> <td colspan="2" data-bbox="758 373 2569 747"> <ul style="list-style-type: none"> • Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes and indicate the page number. <ul style="list-style-type: none"> - The College reports on progress towards operational goals via quarterly dashboards (an example of which can be found in the materials for the December 2025 Council meeting, pgs. 27-32). - Regulatory outcomes are documented in the College’s Annual Report, which is typically presented to Council at the December Council meeting. The Resources section of the College’s website includes a section specific to the Annual Report. The College also uses the CPMF report as an opportunity to report on regulatory performance. The College’s CPMF reports are presented to Council at the March Council meeting and are also available on the Resources section of the College’s website. - Updates/amendments to the College’s risk management approach are reviewed quarterly by Council. Any such updates/amendments are presented in a Dashboard format, an example of which can be found in the materials for the December 2025 Council meeting (pgs. 37-40 of the .pdf). </td> </tr> <tr> <td data-bbox="758 747 2136 803"><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></td> <td data-bbox="2136 747 2569 803">Choose an item.</td> </tr> <tr> <td colspan="2" data-bbox="758 803 2569 1193"><i>Additional comments for clarification (if needed)</i></td> </tr> </table>	The College fulfills this requirement:	Met in 2023, continues to meet in 2024	<ul style="list-style-type: none"> • Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes and indicate the page number. <ul style="list-style-type: none"> - The College reports on progress towards operational goals via quarterly dashboards (an example of which can be found in the materials for the December 2025 Council meeting, pgs. 27-32). - Regulatory outcomes are documented in the College’s Annual Report, which is typically presented to Council at the December Council meeting. The Resources section of the College’s website includes a section specific to the Annual Report. The College also uses the CPMF report as an opportunity to report on regulatory performance. The College’s CPMF reports are presented to Council at the March Council meeting and are also available on the Resources section of the College’s website. - Updates/amendments to the College’s risk management approach are reviewed quarterly by Council. Any such updates/amendments are presented in a Dashboard format, an example of which can be found in the materials for the December 2025 Council meeting (pgs. 37-40 of the .pdf). 		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.	<i>Additional comments for clarification (if needed)</i>	
The College fulfills this requirement:	Met in 2023, continues to meet in 2024										
<ul style="list-style-type: none"> • Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes and indicate the page number. <ul style="list-style-type: none"> - The College reports on progress towards operational goals via quarterly dashboards (an example of which can be found in the materials for the December 2025 Council meeting, pgs. 27-32). - Regulatory outcomes are documented in the College’s Annual Report, which is typically presented to Council at the December Council meeting. The Resources section of the College’s website includes a section specific to the Annual Report. The College also uses the CPMF report as an opportunity to report on regulatory performance. The College’s CPMF reports are presented to Council at the March Council meeting and are also available on the Resources section of the College’s website. - Updates/amendments to the College’s risk management approach are reviewed quarterly by Council. Any such updates/amendments are presented in a Dashboard format, an example of which can be found in the materials for the December 2025 Council meeting (pgs. 37-40 of the .pdf). 											
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.										
<i>Additional comments for clarification (if needed)</i>											

Measure: 14.2 Council directs action in response to College performance on its KPIs and risk reviews.		
a. Council uses performance and risk review findings to identify where improvement activities are needed. <hr/> <i>Benchmarked Evidence</i> <hr/>	The College fulfills this requirement:	Yes
	<ul style="list-style-type: none"> • Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number. <ul style="list-style-type: none"> - One example of how the College demonstrates how Council uses performance and risk review findings to identify opportunities for improvement or refinement can be found in the Materials for the December 2025 Council meeting, specifically the development of a new Whistleblower Policy (pgs. 126-128 of the .pdf). The note explicitly describes the impetus for development of this new Policy, and the Risk Considerations that informed the rationale for review of and amendments to the Policy. 	
	<i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>	
Measure: 14.3 The College regularly reports publicly on its performance.		
a. Performance results related to a College's strategic objectives and regulatory outcomes are made public on the College's website.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
	<ul style="list-style-type: none"> • Please insert a link to the College's dashboard or relevant section of the College's website. <ul style="list-style-type: none"> - The College's dashboard is presented to Council at each of the regularly scheduled Council meetings (typically in September, December, March and June of the Fiscal Year, which runs from September 1st to August 31st of the following calendar year). - An example of the College's current dashboard can be found in the meeting materials for the December 2025 Council meeting (see pgs. 27-32 of the .pdf). 	
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
<i>Additional comments for clarification (if needed)</i>		

Part 2: Context Measures

The following tables require Colleges to provide **statistical data** that will provide helpful context about a College’s performance related to the standards. The context measures are non-directional, which means no conclusions can be drawn from the results in terms of whether they are ‘good’ or ‘bad’ without having a more in-depth understanding of what specifically drives those results.

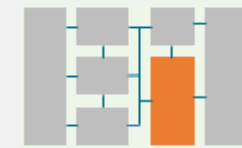
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document “Technical Specifications for Quantitative College Performance Measurement Framework Measures.” However, recognizing that at this point in time, the data may not be readily available for each College to calculate the context measure in the recommended manner (e.g., due to differences in definitions), a College can report the information in a manner that is conducive to its data infrastructure and availability.

In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: ‘Nil’ and indicate any plans to collect the data in the future.

Where deemed appropriate, Colleges are encouraged to provide additional information to ensure the context measure is properly contextualized to its unique situation. Finally, where a College chooses to report a context measure using a method other than the recommended method outlined in the following Technical Document, the College is asked to provide the method in order to understand how the information provided was calculated.

The ministry has also included hyperlinks of the definitions to a glossary of terms for easier navigation.

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 10		
Statistical data collected in accordance with the recommended method or the College's own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2025*		
Type of QA/QI activity or assessment:	#	<p><i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes).</i></p> <p><i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2024. The diversity of QA/QI activities and assessments is reflective of a College’s risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.</i></p>
i. Self-Assessment	2450	
ii. eLearning module – Ethics & Professionalism	155	
iii. eLearning module – Prevention of Sexual Abuse	155	
iv. Peer and Practice Assessment	34	
v. Competency Enhancement – Demonstrated Change Report	NR	
vi. Competency Enhancement - Mentorship	NR	
vii. Competency Enhancement – Specified Continuing Education and Remediation Plan (SCERP)	NR	
viii. Voluntary Peer Circle Program	5	
ix. Professional Liability Insurance Audit	300	
x. <Insert QA activity or assessment>		

** Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College's QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.*

[NR](#)

Additional comments for clarification (if needed)

Table 2 – Context Measures 2 and 3

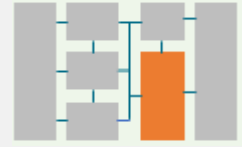
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College own method: Recommended If a College method is used, please specify the rationale for its use:			
Context Measure (CM)	#	%	
CM 2. Total number of registrants who participated in the QA Program CY 2025	2450	100	<i>What does this information tell us? If a registrant’s knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer them to the College’s QA Committee.</i>
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2025.	NR	NR	<i>The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2024, understanding that some cases may carry over.</i>
NR			
Additional comments for clarification (if needed)			

Table 3 – Context Measure 4

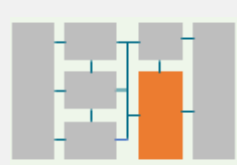
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
CM 4. Outcome of remedial activities as at the end of CY 2025:**	#	%	<i>What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.</i>
I. Registrants who demonstrated required knowledge, skills, and judgement following remediation*	NR	100%	
II. Registrants still undertaking remediation (i.e., remediation in progress)	NR	NR	
NR * This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2025. **This measure may include any outcomes from the previous year that were carried over into CY 2025.			
Additional comments for clarification (if needed)			

Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE				
STANDARD 12				
Statistical data is collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>				
Context Measure (CM)				
CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2025	Formal received	Complaints	Registrar initiated	Investigations
Themes:	#	%	#	%
I. Advertising	0	0%	0	0%
II. Billing and Fees	0	0%	0	0%
III. Communication	0	0%	2	33%
IV. Competence / Patient Care	2	50%	1	17%
V. Intent to Mislead including Fraud	0	0%	0	0%
VI. Professional Conduct & Behaviour	2	50%	1	17%
VII. Record keeping	0	0%	0	0%
VIII. Sexual Abuse	0	0%	1	17%
IX. Harassment / Boundary Violations	0	0%	0	0%
X. Unauthorized Practice	0	0%	0	0%
XI. Other <please specify>	0	0%	1	17%
Total number of formal complaints and Registrar’s Investigations**	4	100%	6	100%

What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar’s Investigations undertaken by a College.

<p>Formal Complaints NR Registrar's Investigation</p> <p><i>**The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or Registrar's Investigations.</i></p>	
<p><i>Additional comments for clarification (if needed)</i></p> <p>The "Other" Registrar Initiated matter pertained to non-compliance with Quality Assurance requirements.</p>	

Table 5 – Context Measures 6, 7, 8 and 9

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2025	4	<i>What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s Inquiries, Complaints and Reports Committee.</i>	
CM 7. Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2025	6		
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2025	7		
CM 9. Of the formal complaints and Registrar’s Investigations received in CY 2025**:	#		%
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	0		0%
II. Formal complaints that were resolved through ADR	0		0%
III. Formal complaints that were disposed of by ICRC	6		60%
IV. Formal complaints that proceeded to ICRC and are still pending	1		10%
V. Formal complaints withdrawn by Registrar at the request of a complainant	1	10%	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	2	20%	

VII. Formal complaints and Registrar's Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	0	0%	
<p>ADR Disposal Formal Complaints Formal Complaints withdrawn by Registrar at the request of a complainant NR Registrar's Investigation</p> <p><i># May relate to Registrar's Investigations that were brought to the ICRC in the previous year.</i> <i>** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.</i></p>			
<p><i>Additional comments for clarification (if needed)</i></p>			

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE							
STANDARD 12							
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended							
<i>If a College method is used, please specify the rationale for its use:</i>							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2025							
Distribution of ICRC decisions by theme in 2025*		# of ICRC Decisions					
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I. Advertising							
II. Billing and Fees							
III. Communication							
IV. Competence / Patient Care	2				1		2
V. Intent to Mislead Including Fraud		1					
VI. Professional Conduct & Behaviour	1		1		2		
VII. Record Keeping		1					
VIII. Sexual Abuse							
IX. Harassment / Boundary Violations							

X. Unauthorized Practice							
XI. Other <please specify>							

• Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar’s investigations brought forward prior to 2024.
 ++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations, or decisions.
[NR](#)

What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar’s Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.

Additional comments for clarification (if needed)

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Table 7 – Context Measure 11

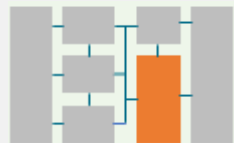
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
<p>Statistical data collected in accordance with the recommended method or the College own method: Recommended</p> <p><i>If College method is used, please specify the rationale for its use:</i></p>		
Context Measure (CM)		
CM 11. 90th Percentile disposal of:	Days	<p><i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College.</i></p> <p><i>The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.</i></p>
I. A formal complaint in working days in CY 2025	75	
II. A Registrar’s investigation in working days in CY 2025	90	
<p>Disposal</p> <p><i>Additional comments for clarification (if needed)</i></p> <p style="text-align: center;">-</p>		

Table 8 – Context Measure 12

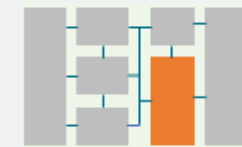
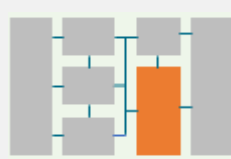
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed. The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.
I. An uncontested discipline hearing in working days in CY 2025	0	
II. A contested discipline hearing in working days in CY 2025	0	
Disposal Uncontested Discipline Hearing Contested Discipline Hearing		
Additional comments for clarification (if needed) The College had no Discipline Hearings in CY 2025.		

Table 9 – Context Measure 13

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended		
<i>If College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		
Type	#	
I. Sexual abuse	NR	<p><i>What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.</i></p>
II. Incompetence	NR	
III. Fail to maintain Standard	NR	
IV. Improper use of a controlled act	NR	
V. Conduct unbecoming	NR	
VI. Dishonourable, disgraceful, unprofessional	NR	
VII. Offence conviction	NR	
VIII. Contravene certificate restrictions	NR	
IX. Findings in another jurisdiction	NR	
X. Breach of orders and/or undertaking	NR	
XI. Falsifying records	NR	
XII. False or misleading document	NR	
XIII. Contravene relevant Acts	NR	

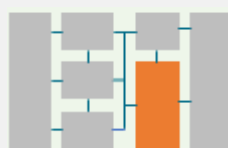
** The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.*

[NR](#)

Additional comments for clarification (if needed)

The College had no Discipline referrals from the ICRC in CY 2025, therefore no findings were made.

Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 14. Distribution of Discipline orders by type*		<i>What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.</i>
Type	#	
I. Revocation	NR	
II. Suspension	NR	
III. Terms, Conditions and Limitations on a Certificate of Registration	NR	
IV. Reprimand	NR	
V. Undertaking	NR	
<p>* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.</p> <p> Revocation Suspension Terms, Conditions and Limitations Reprimand Undertaking NR - </p>		
Additional comments for clarification (if needed) The College had no Discipline findings in CY 2025, therefore no orders were made.		

Glossary

Alternative Dispute Resolution (ADR): Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.

Return to: [Table 5](#)

Contested Discipline Hearing: In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs.

Return to: [Table 8](#)

Disposal: The day upon which all relevant decisions were provided to the registrant by the College (i.e., the date the reasons are released and sent to the registrant and complainant, including both liability and penalty decisions, where relevant).

Return to: [Table 5](#), [Table 7](#), [Table 8](#)

Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.

Return to: [Table 4](#), [Table 5](#)

Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.

Return to: [Table 5](#)

NR: Non-reportable: Results are not shown due to < 5 cases (for both # and %). This may include 0 reported cases.

Return to: [Table 1](#), [Table 2](#), [Table 3](#), [Table 4](#), [Table 5](#), [Table 6](#), [Table 9](#), [Table 10](#)

Registrar's Investigation: Under s.75(1)(a) of the *Regulated Health Professions Act, 1991*, (RHPA) where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent, they can appoint an investigator which must be approved by the Inquiries, Complaints and Reports Committee (ICRC). Section 75(1)(b) of the RHPA, where the ICRC receives information about a member from the Quality Assurance Committee, it may request the Registrar to conduct an investigation. In situations where the Registrar determines that the registrant exposes, or is likely to expose, their patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.

Return to: [Table 4](#), [Table 5](#)

Revocation: Of a member or registrant's Certificate of Registration occurs where the discipline or fitness to practice committee of a health regulatory College makes an order to "revoke" the certificate which terminates the registrant's registration with the College and therefore their ability to practice the profession.

Return to: [Table 10](#)

Suspension: A suspension of a registrant's Certificate of Registration occurs for a set period of time during which the registrant is not permitted to:

- Hold themselves out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g., doctor, nurse),
- Practice the profession in Ontario, or
- Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991.

Return to: [Table 10](#)

Reprimand: A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with their practice.

Return to: [Table 10](#)

Terms, Conditions and Limitations: On a Certificate of Registration are restrictions placed on a registrant's practice and are part of the Public Register posted on a health regulatory College's website.

Return to: [Table 10](#)

Uncontested Discipline Hearing: In an uncontested hearing, the College reads a statement of facts into the record which is either agreed to or uncontested by the Respondent. Subsequently, the College and the respondent may make a joint submission on penalty and costs or the College may make submissions which are uncontested by the Respondent.

Return to: [Table 8](#)

Undertaking: Is a written promise from a registrant that they will carry out certain activities or meet specified conditions requested by the College committee.

Return to: [Table 10](#)

Resolution - College Performance Measurement Framework 2025 Report

Whereas the Ministry of Health formally introduced the College Performance Measurement Framework (CPMF) in September 2020; and

Whereas the College of Kinesiologists of Ontario (COKO) has prepared a 2025 CPMF report; and

Whereas Council has reviewed the draft 2025 CPMF report on March 30, 2026;

Therefore, be it resolved that Council approves the draft 2025 CPMF for publication via the College website on March 30, 2026.

Moved by:

Seconded by:

Date: March 30, 2026

Issue Decision Note

Issue/Decision: Guide to Obtaining Patient/Client Consent to Being Named in a Mandatory Report of Sexual Abuse
Prepared for: Council
Date of Meeting: March 30, 2026

Background

The Objects of the College of Kinesiologists of Ontario (COKO) are set out in s.3(1) of the [Health Professions Procedural Code](#) (the Code), which is Schedule 2 to the *Regulated Health Professions Act, 1991*. These Objects include protecting the public by regulating the practice of the profession and responding appropriately to concerns regarding member conduct.

Under the Code, certain persons, including registrants and other regulated health professionals, are required to submit a mandatory report to COKO if they have reasonable grounds to believe that a regulated health professional has sexually abused a patient/client. Mandatory reporting is an important public protection mechanism intended to ensure that concerns regarding sexual abuse are brought promptly to COKO's attention.

Under the legislative framework, the name of a patient/client who may have been sexually abused must not be included in a report unless the patient/client, or if the patient/client is incapable, their representative, consents in writing to the inclusion of the patient/client's name.

Purpose

COKO's ability to respond to allegations of sexual abuse contained within a mandatory report, depends, in part, on COKO's ability to investigate the allegations contained in that report. COKO has developed a Guide to Obtaining Patient/Client Consent to Being Named in a Mandatory Report of Sexual Abuse (the Guide) as an information resource for those persons required to file a mandatory report under the Code.

Analysis

Where a patient/client consents to being named in a report, COKO is better positioned to obtain the information necessary to assess the matter, determine whether further action is required, and undertake an investigation where appropriate.

Where a patient/client does not consent to being named, COKO's ability to investigate may be significantly limited. In these circumstances, the College may have insufficient information to assess risk, pursue a formal investigation, or take regulatory action. In addition, patients/clients who are not named in a report may be unable to access certain supports available through COKO, including funding for therapy.

At the same time, consent must be informed and voluntary under the Code. Providing the information outlined in the Guide to a person required to file a mandatory report assists them in meeting their own obligations under the Code, promotes patient/client autonomy, assists with

disseminating information to patients about their rights under the Code, and ultimately helps the College fulfil its mandate to protect the public.

Supporting informed mandatory reporting

Without the information in the Guide, there is a risk that information in the mandatory report may be incomplete, and patients/clients may inadvertently be denied adequate support that they are otherwise entitled to under the Code.

The Guide is intended to assist mandatory reporters by providing a structured framework for explaining:

- the requirement for patient/client consent in order to be named in a mandatory report; and
- the supports that may be available to patients/clients through COKO, such as funding for therapy, and the opportunity to file their own complaint to the College, or advise the Registrar of his/her allegations.

The Guide helps ensure that those required to file a mandatory report have information at hand that they can share with patients/clients in order to support those patients/clients in making informed decisions. In doing so, the Guide strengthens both the effectiveness of the reporting process by ensuring important details are included, such as the name of the patient alleged to have been abused, and also COKO's ability to respond appropriately to allegations of sexual abuse, by ensuring affected individuals have access to supports they are entitled to under the law such as funding for therapy.

Implementation and strategy alignment

Subject to Council approval, the Guide will be implemented as an information resource to support individuals who are required to make mandatory reports of sexual abuse. The Guide will be made available to mandatory reporters online.

The development and implementation of the Guide support COKO's strategic priorities by promoting consistent, transparent, and trauma-informed regulatory processes, which strengthen public trust in the College's oversight of sexual abuse allegations. The Guide also provides clear and practical guidance to regulated health professionals and other individuals involved in mandatory reporting, supporting more effective engagement and collaboration in the reporting process.

The Guide will be reviewed periodically to ensure that it remains clear, effective, and responsive to regulatory requirements, emerging best practices, and public expectations.

Public Interest Rationale

The Guide supports the public interest by assisting those individuals required to file a mandatory report and helping ensure that patients/clients receive clear, accurate, and consistent information about their options when a mandatory report of sexual abuse is being made.

The Guide may enhance the College's ability to assess and respond appropriately to allegations of sexual abuse because where the name of a patient/client who has been alleged to have been abused has been named with their consent, the College has requisite information in order proceed

with its mandated response to these allegations. This, in turn, contributes to more effective regulatory oversight and protection of the public.

Risk Considerations

The development of the Guide mitigates risks associated with limitations on COKO's ability to assess reports due to incomplete information, and limitations on its ability to provide patients/clients with information about funding for therapy, and their right to either file their own complaint, or advise the registrar of their concerns.

Recommendation

The ICRC has reviewed the draft Guide and recommends that Council approve the draft Guide to Obtaining Patient/Client Consent to Being Named in a Mandatory Report of Sexual Abuse as an educational resource and tool.

Decision for Council

1. Approve the draft Guide to Obtaining Patient/Client Consent to Being Named in a Mandatory Report of Sexual Abuse.
2. Approve the draft Guide to Obtaining Patient/Client Consent to Being Named in a Mandatory Report of Sexual Abuse with specific amendments.
3. Refer the Guide to Obtaining Patient/Client Consent to Being Named in a Mandatory Report of Sexual Abuse for further consideration with specific questions and/or recommendations.

A Guide to Obtaining Patient/Client Consent to being Named in a Mandatory Report of Sexual Abuse

Below is information for reporters when seeking consent from a patient/client to being named in a mandatory report of sexual abuse.

Note: all references in this Guide to "patient/client consent" should be considered to include consent that may be provided by the patient/client's representative in circumstances where the patient/client is incapable.

Under The *Health Professions Procedural Code*, a mandatory report should be filed with the College if there are reasonable grounds, obtained during the course of practicing the profession, that a patient/client has been sexually abused by a regulated healthcare practitioner. The name of the patient/client who was the victim of the alleged sexual abuse is only required to be included, **if the patient/client consents to being named.**

The following applies to mandatory reporting:

1. The grounds to be included in the mandatory report must come to the attention of the Kinesiologist during the course of practicing the profession.
2. The name of the regulated healthcare practitioner that allegedly committed the sexual abuse must be known.
3. The patient/client, the victim of sexual abuse, is to be advised of the Kinesiologist's mandatory reporting obligation.
4. Where a patient/client consents to being named in the mandatory report, then if the College that receives the report proceeds with an investigation into the matter, it may contact the patient/client. The College may notify the patient/client of their individual right to file a complaint against the regulated healthcare practitioner alleged to have abused them and also provide the patient/client with information about the complaints process.
5. Where the patient/client does not consent to being named within the mandatory report, the College receiving the mandatory report may have difficulty in investigating the matter. Without a patient/client to substantiate the information in the mandatory report, it may not be possible for an investigation to proceed.

Before obtaining patient/client consent to being named in a mandatory report, the reporter should make their best effort to ensure the patient/client understands the following:

1. The mandatory report will be sent to the regulatory College of the regulated health care practitioner that is alleged to have abused them.
2. Where the patient/client consents to their name being included in the mandatory report, the regulatory College may take steps to prevent the practitioner from abusing other patients. For example, the practitioner may be disciplined.
3. Where the patient/client does not consent to their name being included in the mandatory report, it may be more difficult for the regulatory College to investigate the information in the report without a patient/client substantiating the information.
4. Where the patient/client consents to their name being disclosed, the patient/client may be approached by a representative of the regulatory College that receives the report. The College representative will explain the College's processes, including funding that may be available to the patient/client for therapy, and next steps in regard to the College's response to the practitioner who allegedly abused them. The patient/client may direct any questions they have to the College.
5. Where the patient/client consents to their name being disclosed to the College, and where the patient/client requests that their name remain confidential, the College is able to ensure confidentiality. However, there are circumstances where the patient/client name will be required for internal College processes to facilitate the investigation. Notwithstanding this, the patient/client name will be kept private from the public.

The following is a sample Patient/Client Consent Form, which a reporter can use to document/collect a patient/client's consent to being named in a mandatory report.

Patient/Client Consent to Being Named in a Mandatory Report of Sexual Abuse

I _____ was a patient/client of _____ (name of the regulated healthcare practitioner) and this person sexually abused me.

The reporter _____ has informed me that they must report my case of sexual abuse by the above-mentioned practitioner. I consent to my name being included in the mandatory report.

(Signature of Witness)

(Signature of Patient/Client)

(Print Name of Witness)

(Print Name of Patient/Client)

(Date)

(Date)

For Reporters: It is recommended that this form be kept for your records. It does not have to be provided to the College.

For client/patients: If you have any questions or concerns before deciding whether or not to sign this consent form, please contact the College of Kinesiologists of Ontario.

Resolution – Guide to Obtaining Patient/Client Consent to being Named in a Mandatory Report of Sexual Abuse

Whereas the public has the right to file a complaint to the College of Kinesiologists of Ontario (COKO) if they have concerns about a Registered Kinesiologist's practice or behaviour; and

Whereas Registered Kinesiologists, as well as those who employ or work with them, have obligations to report certain information that may pose a risk of harm to the public through Mandatory Reports submitted to COKO; and

Whereas COKO's Inquiries, Complaints and Reports Committee (ICRC) is responsible for investigating complaints, reports, and making decisions in the public interest; and

Whereas the ICRC requires certain specific information to substantiate an investigation into a complaint or report; and

Whereas such information includes, but is not limited to, the identity of the patient/client if the patient/client is someone other than the person making the complaint or report, and

Whereas COKO has reviewed its existing reporting pathways and forms used in the intake of complaints and reports, including Mandatory Reports; and

Whereas COKO has prepared new and refined materials to facilitate the Mandatory Report and complaint intake processes, and

Whereas, the ICRC has reviewed the Guide to Obtaining Patient/Client Consent to being Named in a Mandatory Report of Sexual Abuse and has recommended it to Council for approval;

Therefore, be it resolved that the Council approves the Guide to Obtaining Patient/Client Consent to being Named in a Mandatory Report of Sexual Abuse.

Moved by:

Seconded by:

Date: March 30, 2026

Project Summary

Project Name: Education Equivalency Evaluation Framework Review (EEEFR) Project

Purpose: The College of Kinesiologists of Ontario (COKO or “the College”) is reviewing and improving its Education Equivalency Evaluation Framework to ensure that it remains fair, transparent, and defensible, while reflecting current professional and regulatory standards to uphold to the College’s public protection mandate.

Objectives

The project aims to:

- Strengthen the framework’s rigour, consistency and clarity.
- Define the threshold for substantial equivalency.
- Embed equity, diversity, and inclusion principles into assessment practices.
- Develop tools and resources to assist the Registration Committee in decision-making.
- Establish performance measures (KPIs) for ongoing monitoring and improvement.
- Provide the College with a strategic approach to meet current and future needs.

What the EEEFR Includes:

- 1) Academic Assessment Form
 - Lists mandatory and elective courses which define the requirements for substantial equivalency.
 - Lists core course requirements, which defines key content areas that must be covered (e.g., anatomy, physiology, biomechanics, etc.).
 - Uses a point system to quantitatively measure equivalency.
 - Collects detailed course information and contextual evidence from the applicant.
- 2) Policy and Evaluation Process
 - Provides procedural rules and standards for assessment, referral, and possible outcomes of the Panel’s review.
 - Describes the process the College uses to determine whether an applicant’s education could be substantially equivalent to a four-year bachelor’s degree in kinesiology from an Ontario university.

The current form and the policy can be accessed on the College’s website via:

- 1) Academic Assessment Form: <https://coko.ca/wp-content/uploads/2024/09/Academic-Assessment-Form-June-2019.pdf>
- 2) Assessment of Education Policy (approved on June 25, 2018): <https://coko.ca/wp-content/uploads/2024/10/Assessment-of-Education-Policy-June-2018.pdf>

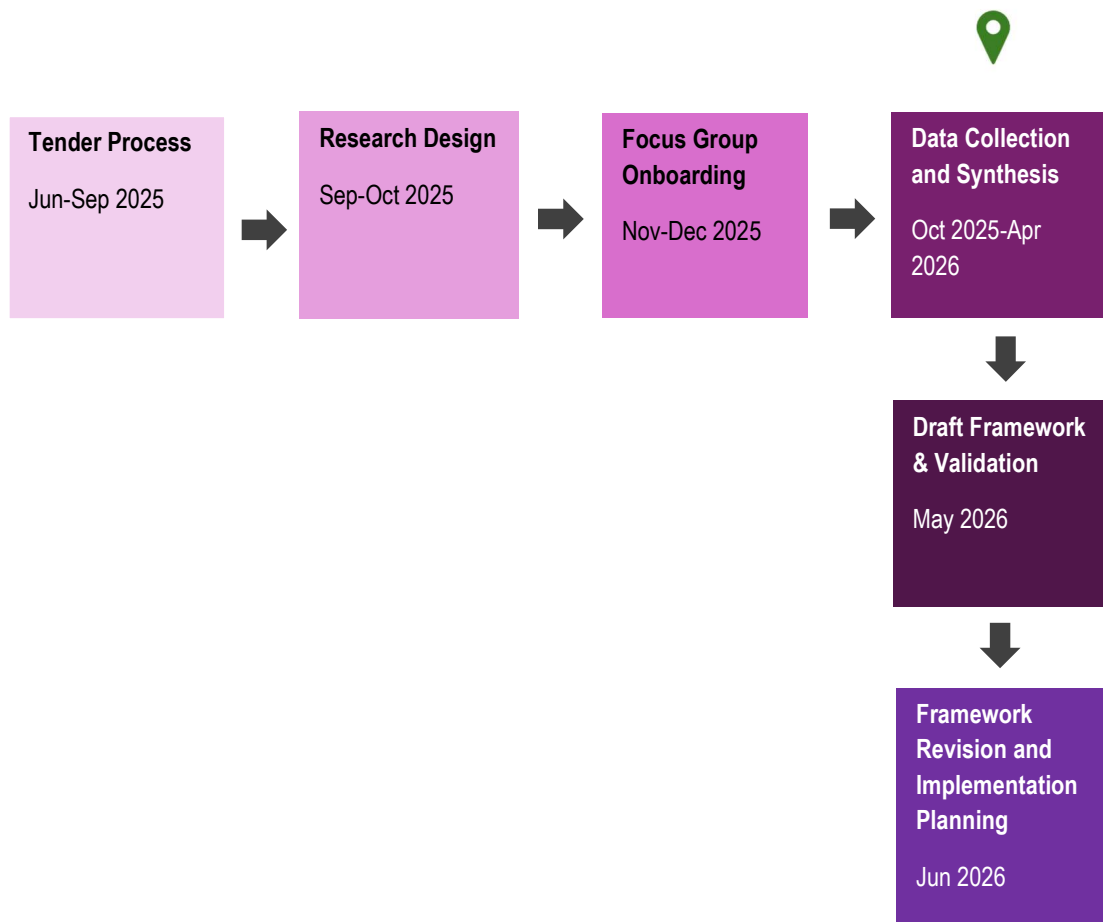
Project Phases*

1. **Tender Process (Summer 2025):** Contract awarded to qualified vendor via RFP process.
2. **Review and Research Part I (Fall 2025):** COKO has approved the methodology report that the vendor has prepared. The vendor has reviewed the COKO’s existing framework, conducted preliminary literature scan and a jurisdictional comparison.
3. **Review and Research Part II (Winter 2025):** The vendor will be interviewing system partners, internal and external interest holders. The vendor will prepare a report of its findings from the interviews, literature scans and jurisdictional comparative analysis to present to the COKO project team and the focus group to review.

4. **COKO University Liaison Committee and EEEFR Focus Group workshops (Spring 2026):** Two workshops, to be facilitated by the vendor, to confirm strategic approach.
5. **Framework Revision and Testing (Winter/early Spring 2026):** The vendor provides recommendation of strategic approach, which include new framework, tools, and indicators based on findings.
6. **Finalization and Implementation Planning (Spring 2026):** Delivery of revised framework, implementation roadmap, and a measurement and evaluation plan with KPIs.
7. **Adoption of the final product (Summer 2026):** Endorsement from registration committee and final approval from council.

Focus Group Role

The **EEEFR Focus Group** was established to provide hands-on, experience-based input to help ensure the revised framework and tools are practical, consistent, and aligned with the Registration Committee’s decision-making responsibilities. The focus group will meet to kick-off the project, review the draft framework and to review the final product.



Proposed 2025-2026 Committee Slate

Key: **Green = Committee Chair** **Pink = Vice-Chair** **Highlight = Newly added member** **Strikethrough = Removed**

Committee	2025-2026 Professional Members	2025-2026 Public Members	2025-2026 Members-at-large
Executive	Heather Westaway, Chair Leanne Smith Susan Garfat	Victoria Nicholson, Vice-Chair Teresa Bendo	
Planning and Finance¹	Heather Westaway Leanne Smith Kristin Baker	Teresa Bendo, Chair Chad McCleave Frank Jasek Charles Lamman	N/A
Registration	Corby Anderson, Chair Jane Gage Alyssa King Leanne Smith Heather Westaway	Jana Smith, Vice-Chair Sara Gottlieb Teresa Bendo Charles Lamman	Miriam Fong William Gittings Daniel Crete Kristen Hoving Katelyn Methot

Committee	2025-2026 Professional Members	2025-2026 Public Members	2025-2026 Members-at-large
	Kristin Baker		Stefano Rulli Rachel Greco Kushpreet Kaur
Quality Assurance ²	Heather Westaway, Chair Oluwashindara Isaac-Oloye Kristin Baker Mehrdad Alizadeh Meghrazi	Jennifer Yee, Vice-Chair Jotvinder Sodhi Victoria Nicholson Chad McCleave	Delissa Burke Daniel Crete Brooke Hamilton Sherry Parent Logan Strasser Xana Ouellette Monica Lardis
ICRC ³	Susan Garfat, Vice-Chair Corby Anderson Jane Gage Gergo Szoboszlai	Teresa Bendo, Chair Sara Gottlieb Jana Smith	Katelyn Methot Stefano Rulli Miriam Fong

Committee	2025-2026 Professional Members	2025-2026 Public Members	2025-2026 Members-at-large
Patient Relations⁴	<p>Susan Garfat, Chair</p> <p>Corby Anderson, Vice-Chair</p> <p>Alyssa King</p> <p>Mehrdad Alizadeh Meghrazi</p>	<p>Jana Smith</p> <p>Jotvinder Sodhi</p> <p>Jennifer Yee</p>	<p>Brooke Hamilton</p> <p>Logan Strasser</p> <p>Stefano Rulli</p> <p>Miriam Fong</p> <p>Kushpreet Kaur</p>
Examination Appeals⁵	<p>Susan Garfat, Chair</p> <p>Oluwashindara Isaac-Oloye</p> <p>Gergo Szoboszlai</p>	<p>Chad McCleave</p> <p>Jotvinder Sodhi</p> <p>Frank Jasek</p>	
Discipline⁶	<p>All</p>	<p>Victoria Nicholson, Chair</p> <p>All</p>	<p>Brooke Hamilton</p> <p>Rachel Greco</p>
Fitness to Practise⁷	<p>All</p>	<p>Sara Gottlieb, Chair</p> <p>All</p>	
Governance and Nominations⁸	<p>Heather Westaway</p> <p>Jane Gage</p>	<p>Frank Jasek</p> <p>Charles Lammam</p>	<p>Nanci Harris</p> <p>Sudha Kutty</p>

Notes:

1) Planning & Finance

a. Removed:

- i. Chad McCleave – Council term ended.

b. Added:

- i. Charles Lammam – Proposed appointment of a Public Member of Council. Professional and educational background demonstrates competencies relevant to financial oversight, budgets, and associated policies.

2) Quality Assurance

a. Removed:

- i. Chad McCleave – Council term ended.
- ii. Brooke Hamilton – Accepted an appointment to a committee of the College of Massage Therapists. Disqualified as per Article 13.15.ix of the By-laws.

3) Inquiries, Complaints and Reports

a. Added:

- i. Charles Lammam – Proposed appointment of a Public Member of Council. Rationale: evidence of some regulatory experience at a senior leadership level. Opportunity for mentorship and succession planning, ensuring that newer Public Member of Council has exposure to and gains experience with the College's statutory work and mandate.

4) Patient Relations

a. Removed:

- i. Brooke Hamilton – Accepted an appointment to a committee of the College of Massage Therapists. Disqualified as per Article 13.15.ix of the By-laws.

5) Examination Appeals

a. Removed:

- i. Chad McCleave – Council term ended.

6) Discipline

a. Removed:

- i. Chad McCleave – Council term ended.
- ii. Brooke Hamilton – Accepted an appointment to a committee of the College of Massage Therapists. Disqualified as per Article 13.15.ix of the By-laws.

b. Added:

- i. Charles Lammam – Proposed appointment to the Discipline Committee as a Public Member of Council pursuant to clause i. under Article 13.04 of the By-laws, which states that the Discipline Committee shall be composed of every member of Council.

7) Fitness to Practice

a. Removed:

- i. Chad McCleave – Council term ended.

b. Added:

- i. Charles Lammam – Proposed appointment to the Discipline Committee as a Public Member of Council pursuant to clause i. under Article 13.05 of the By-laws, which states that the Fitness to Practice Committee shall be composed of every member of Council.

8) Governance and Nominations

a. The following appointments for a 1-year term (2026-2027):

- i. Frank Jasek – Proposed appointment as a Public Council Member of the Governance & Nominations Committee. Appointment based on evidence of relevant governance experience and expertise, specifically that the member holds a nationally-recognized “Chartered Director (“C.Dir”) designation.
- ii. Charles Lammam – Proposed appointment as a Public Council Member of the Governance & Nominations Committee. Relevant competencies acquired and demonstrated through educational background and public and private sector leadership roles.
- iii. Heather Westaway – Proposed appointment as a Professional Council Member of the Governance & Nominations Committee. Proposed appointment based on evidence of governance and other related competencies as demonstrated by current and past Council service and other leadership and governance experience (including service as Chair of a non-profit Board of Directors not related to Kinesiology).

- iv. Jane Gage - Proposed appointment as a Professional Council Member of the Governance & Nominations Committee. Appointment based on evidence of relevant experience and competencies, as demonstrated by past service as a member and President of a Board of Directors. Appointment may provide an opportunity for the member to leverage existing governance competencies and also enhance their regulatory-specific governance and leadership competencies in the interests of Council and committee succession planning and continuity.
- v. Nanci Harris – Proposed appointment as an External Member of the Governance & Nominations Committee. Appointment based on competencies and experience as a current member of the Governance & Nominations Committee.
- vi. Sudha Kutty – Proposed appointment as an External Member of the Governance & Nominations Committee. Appointment based on competencies demonstrated by: advanced governance designation (C.Dir), service as member on comparable Board (CPA Ontario), legal training and education, and regulatory experience (previous employment at CPSO as Investigator and Policy Analyst)

Resolution - Committee slate for 2025/2026

Whereas the by-laws specify that Council shall appoint members to committees; and

Whereas a newly-appointed Public Council member was canvassed for their interest regarding the committees on which they wish to serve for the remainder of 2025/2026; and

Whereas the College of Kinesiologists of Ontario (COKO) conducted outreach seeking expressions of interest to serve as external members of the Governance and Nominations Committee; and

Whereas the Governance and Nominations Committee has reviewed all proposed appointments and other amendments to the 2025/2026 committee slate against the by-laws and all applicable policies; and

Whereas the Governance and Nominations Committee has recommended that the proposed amendments to the 2025/2026 committee slate be presented to Council for approval;

Therefore, be it resolved that Council approves the amended 2025/2026 committee slate as recommended by the Governance and Nominations Committee.

Moved by: _____

Seconded by: _____

Date: March 30, 2026